

10. Is there any other reason why you should not participate in physical activity? Yes / No

If so What?

11. Circle any of the following for which you have been diagnosed or treated for

Anaemia Asthma Back Pain Bronchitis Cancer Diabetes Epilepsy

Depression Obesity Arthritis Stroke Other -----

IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS

Talk to your chiropractor or doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your chiropractor or doctor about the questionnaire and which questions you answered YES to.

You may be able to do any activity you want – as long as you build up slowly and gradually, or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember to begin slowly and build up gradually. Perform each exercise at a pace, which feels comfortable for you.

Inform your teacher immediately if you feel any discomfort during a session. Please also inform them if you felt any discomfort after a previous session. **PAIN** is the body's warning system and **SHOULD NOT BE IGNORED.**

PLEASE NOTE

If your health changes so that you subsequently answer **YES** to any of the above questions inform your fitness or health professional immediately. If you feel unwell because of a temporary illness such as a cold or flu – delay becoming more active and wait until you are better.

The teacher can accept no liability for personal injury related to participation if your doctor has advised you against such exercise, you fail to observe instructions on safety or technique or such injury is caused by the negligence of another participant in the session.

What brought you to Pilate's? -----

What aspect of your health do you hope to concentrate on (circle all that are appropriate to you)?

Strength Flexibility Stress Reduction Posture Relaxation Weight loss

Other -----

Pilate's exercises involve hands-on correction. Please confirm that you give your consent for your teacher to work in this way Yes / No

COMPLIMENTARY SPINAL CHECKS are available and advisable for any clients who have not had chiropractic care prior to commencing Pilate's classes.

Please call our clinics to arrange one, Exmouth (01395) 222656 or Exeter (01392) 271835

Were you referred by your (please circle)

Chiropractor Doctor other Health/ Fitness Professional (List)

I have read and completed this questionnaire and understand that there may be health risks with any exercise. I understand that I undertake these classes and participation in the practical exercises at my own risk.

I have no physical restrictions disabilities or any predisposition to sickness/ injury that may be aggravated or adversely affected as a result of my participation.

I confirm that I have read and understood the above advice and that the information I have given is correct and to the retention of this information on file

Signed ----- Date ---/ ---/ ---

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Enrolment Fee

From: -----

Address: -----

Class commencement Date --- / ---/ --- Time -----

I enclose a cheque made payable to ' **Martineau Chiropractic Limited** '
(Do not post cash) for Six week classes £42 Five week classes £35.00

Please return remittance to:

EXE PILATES
Exmouth Chiropractic Clinic
53 Imperial Road
Exmouth
EX8 1DQ

Alternatively you may call in to either of our clinics in person to pay by
Cash, Cheque, Visa/Debit or Credit card.

All classes must be paid for in full prior to the commencement of the first session

Should you have any difficulty printing out this form please call us on 01395 222656 and one will be posted to you