



# PILATES 4 YOU

## PARQ FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone no: \_\_\_\_\_ Cell no: \_\_\_\_\_

Profession: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Contact Number: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

Regular activity is fun & healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming more physically active. ***Please complete this form as accurately & completely as possible.***

Are you currently under a doctor's care:  Yes  No

If yes, explain: \_\_\_\_\_

When was the last time you had a physical examination? \_\_\_\_\_

Do you take any medications and reasons for taking: \_\_\_\_\_

What is the medication for? \_\_\_\_\_

Have you been hospitalized or had surgery recently?  Yes  No

If yes, explain: \_\_\_\_\_

How does this medication affect your ability to exercise? \_\_\_\_\_



Known Heart disease

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If yes, please specify:

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***Please note: If you answered YES to any of the above questions, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme, or consult further with your instructor.***

I have been informed both verbally and in writing that if I answer YES to any of the questions in the above questionnaire, I should seek medical advice/approval before commencing an exercise programme and or induction. If I wish to continue without such advice, I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that **Pilates 4 You** and any of its employees cannot be held responsible for any injuries or ill health arising from my participation.

If your health changes such that you could then answer **YES** to any of the above questions, tell your instructor.

I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Consultant name: \_\_\_\_\_

Signature: \_\_\_\_\_