

Talistudio Pilates

Please complete this questionnaire before your first session with me and return to:

Tali Swart , 76 Daneland East Barnet, Herts EN4 8QA

Tel : 07931 74 84 90 taliswort@btconnect.com

The information you provide is strictly confidential and will only be used in the organisation and safe preparation of Pilates classes. It will not be passed to any third party except where it is necessary for the same purposes (e.g. for a cover teacher).

Your name: _____

Your address: _____

Tel: (mobile) _____

Email _____

How did you hear about this class? _____

Date of birth _____ Occupation: _____

Have you attended Pilates classes before? Please give details: _____

Do you do any other regular exercise? _____

Medical conditions and safety

If you have a current or past injury or medical condition, you should seek qualified medical advice before commencing a Pilates class. You **must** inform me:

- in advance of starting Pilates practice by completing this questionnaire, and
- at any later stage, should you subsequently develop any conditions or injuries.

Some Pilates practices may need to be excluded or modified in your practice for any of the following conditions. Please indicate if any apply to you currently or in the past, giving details in the space below. If in doubt, check with your doctor before beginning Pilates classes.

- Muscular, skeletal or spinal injuries
- Arthritis or rheumatism
- Thyroid conditions
- Whiplash injuries
- Osteoporosis
- Eye disorders (including glaucoma and detached retina)
- Sinusitis
- Epilepsy
- Pregnancy
- Recent surgery
- High or low blood pressure
- Heart conditions
- Ear disorders
- Asthma
- Multiple sclerosis
- Varicose veins
- Any other serious condition

Thank you for completing the questionnaire.

www.talistudio.com