

D. Do you have any pain or major injuries particularly in the following areas?

Neck	Back	Knees	Ankles
Yes No	Yes No	Yes No	Yes No

If you have answered YES please give more details below

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If you feel there is any further information about your medical background that would be relevant to Pilates please fill out below:

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DECLARATION:

I fully understand what is involved in taking part in this Pilates course and do so of my own free will. Any questions that I have about the course have been answered to my full satisfaction.

Signed:

Print name:

Date:

CONFIDENTIALITY:

Please note that your Pilates Pre-exercise questionnaire is confidential and will only be used by the relevant qualified instructor.