Uncoil pilates
& HEALTH SOLUTIONS

Name: _____

Email: _____

Mobile: _____

Date of Birth: ____/____/_____

In the event of an emergency, please contact _____ *on* _____

SECTION 1

Do you suffer, or have you ever suffered from any of the following (tick to indicate YES)

☐	A Hernia
☐	Dizziness
☐	Heart Murmur
☐	Stroke
☐	Glandular Fever
☐	Stomach/Duodenal Cancer
☐	Rheumatic Fever
☐	Any Heart Condition
☐	High Blood Pressure
☐	Gout
☐	Liver/Kidney Condition
☐	Palpitations
☐	Chronic Illness
☐	High Cholesterol/Triglycerides
☐	Have you been Hospitalised recently?
☐	Are you on prescription medication?
☐	Are you pregnant or have you recently given birth? (6 months)
☐	Do you have any infections or infectious diseases?
☐	Is there anyone in your family under 60 with Heart Disease or raised Cholesterol?
☐	Have you ever had or do you have any of the following: Arthritis, Asthma, Diabetes, Epilepsy?
☐	Have you had an asthma attack requiring immediate medical attention at anytime over the last 12 months?
☐	If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months?
☐	Are you male over 50 or female over 60 and not used to vigorous exercise?

If you answered yes to any of the above questions, it is advised that you seek medical clearance before beginning an exercise program.

SECTION 2

What exercise have you recently been doing?
(Please detail all exercise types you are doing, duration and enter the intensity - H / M / L Hard/ Medium/ Light)

Exercise Type	regularity (e.g. 2x week)	Duration (mins)	H / M / L Intensity

Have you done Pilates before?
Mat, Reformer or Studio _____

SECTION 3

Do you have any pain or major injuries, particularly in the following areas: Neck, Back, Knees, Shoulders, Ankles, Hips, Elbows, Wrists

_____

Are you dieting or fasting?

_____

Are there any other conditions which may be reason to modify your exercise program? If yes, please detail below.

_____

PLEASE READ THE FOLLOWING EXERCISE ADVICE CAREFULLY

Should you suffer any injury, illness or condition in the future, please tell us and complete this form again.

It is recommended that all Males over 50 and Females over 60 who wish to increase their physical activity, should have a medical assessment including an exercise E.C.G and Lipid count before commencing ANY exercise program.

STATEMENT

I understand that participation in physical activity carries some risk. I recognise that Christine Ritchie and Uncoil Health Solutions is not able to provide me with medical advice and that this information is used as a guide to the limitations of my ability to exercise. I have read and answered the above questions to the best of my knowledge and understand the above advice.

Signed: _____ Date: ____/____/_____