*Medical & Lifestyle Details

We request this health questionnaire to be completed and returned at time of booking

Personal Details

Name:

Address:

Telephone No Day: Eve:

Date of Birth:

Email:

Marital Status: Number and ages of children:

Doctors Name and Address:

Occupation:

Next Of Kin (to be contacted if emergency) :

Medical History

What is the main complaint/reason for seeking treatment:

How long have you suffered with this complaint:

Has your condition been diagnosed by a doctor and, if so, what was the prognosis:

What treatment was given/recommended by your doctor:

Please list any medications you are currently taking and how long have you been taking them:

Have you tried any complementary therapies? Please list them with relevant outcomes
What other illnesses have you suffered from in the past. Please give approximate dates or year and indicate what treatment(s) you received:

Have you ever had any broken bones, operations or the need for hospitalisation?
If so, please give approximate dates or year:

Please describe your sleep pattern and quality of sleep:

Women Only

Are you pregnant or trying to conceive:

Periods: Please outline whether these are regular/irregular, PMT or other problems:

Have you been through the menopause: Are you on HRT:

Lifestyle

Do you smoke – (how many per day):

How much alcohol do you drink per week?

How many cups of Tea/Coffee taken per day:

Do you do any form of exercise? If so, what and how often:

Please describe your diet (type of food eaten, frequency of meals etc) And, are you on any special diets or eating regimes:
Work Situation. Do you find your job enjoyable, stressful, demanding, exhausting etc:

How many hours do you work per week?

How would you rate your energy levels at the moment on a scale of 1 to 10?

How do you feel in yourself emotionally and physically?

In the space below please let Sasha know how much Pilates you have covered, including mat or equipment classes or a mixture. thank you.

Form of Consent to Treatment

I hereby give my consent to treatment and participation in exercise classes for the duration of my stay. I understand that I exercise at my own risk and that I have answered to above questions to the best of my knowledge

Signed:_____ Date: _____