Kings Langley Physiotherapy Clinic Ltd
2 Hempstead Road, Kings Langley, Herts WD4 8AD Tel : 01923 261974 info@klpc.co.uk

Pilates Therapy Health pre-class screening form

Please answer all the questions, depending on your answers, you may require an assessment before commencing classes to ensure this is an appropriate, suitable & safe regime for your body.

Name :..... DOB..... Tel :.....

Address :..... Email :.....

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Are you currently / or have you ever had problems with any of the following :

	No	If Yes, give brief details (or use the back of the paper)
Low back pain ? now or prev ?		
Neck or any spine area ?		
Any joint troubles / arthritis ?		
Heart or blood pressure, DVT ?		
Epilepsy, Diabetes or asthma ?		
Are you pregnant ?		How many weeks ?
Any dizzy spells ?		
Balance issues or falls ?		
Difficulty getting up off floor ? Do you need help ? OK to kneel & lie on your side?		
Any other issues ? Medical or physical ?		
What Medication do you take ?		
Is there something you would LIKE to be able to do that you can't at the moment ?		

The Pilates Therapy exercise classes are **not** a substitute for professional medical treatment and should not be used by people suffering with any serious problems without first consulting a G.P and / or a qualified physiotherapist. Contact the clinic to discuss if in doubt.

I agree to being on the mailing list & to receive updates regarding Pilates from KL Physio Clinic.

I .....take full responsibility for any actions taken during the course of modified pilates exercise classes and hold no accountability to KLPC or the instructor for these actions.

Signed : Date :

You might not be allowed to start these classes unless this form has been returned.

Office use : date returned ..... Class : day / time Start date.....