



## Health and Fitness Questionnaire

Name  Date of Birth

Address

Home Phone  Mobile

Occupation  Email

Emergency contact

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### About Your Medical History

Have you had major surgery in the last 10 years

- YES
- NO

If Yes please give details

Please tick any of the following for which you have been diagnosed or treated by a doctor or health professional?

- Asthma
- Epilepsy
- High Blood Pressure
- Diabetes
- Heart problems
- Arthritis
- Bone Fracture
- None of the above
- Other

Please give details

Please state if you take any of the regular medications in the last 6 months. If yes, briefly describe:

Tick the box if you have ever experienced any of the following symptoms. Do you ....

- Ever get unusually short of breath with light exertion?
- Ever have pain, pressure heaviness or tightness in the chest area?
- Have a bone/joint problem made worse by physical activity?
- Ever have dizzy spells or episodes of fainting, or loss of consciousness?
- Regularly get pain during walking that is relieved by rest?
- Ever feel "skips", palpitations or runs of fast beats in your chest?
- None of the above

Are you currently pregnant or have you given birth in the last 12 months?

- YES
- NO

Are you a smoker?

- YES
- NO

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## Declaration

I confirm that to the best of my knowledge the information given within this document is correct and I understand that it will be treated with strictest confidence by KMK Pilates for services that I may wish to engage in now and in the future.

Name

Date

Signature

## Informed Consent

In signing this document, I acknowledge being informed of the possible nature of the class and the potential for unusual, but possible physiological results including, but not limited to dizziness, loss of balance and fainting. I accept all responsibility for my health and any result of an injury or mishap that may affect my wellbeing or health in any

way. By signing this document, I assume all risk for my health and wellbeing and hold harmless of any responsibility, the trainer, facility or any persons involved within this class. Please also sign to accept your authorised consent to receive my newsletter via mailchimp.

**Signature**