



Body Positive Pilates PAR-Q and Induction form

Name:

Address:

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..... Postcode:

Home telephone:

Mobile:

Email address:

Have you attended a Pilates class before? YES / NO Approximately how many classes?

Are you currently active? YES / NO (details)

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What would you like to gain from these classes? (tick all that apply)

Meet people *Improve general fitness* *Tone stomach/body*

Lose weight *Improve posture* *Improve spinal mobility*

Improve flexibility *Other (details)*

How did you hear about this class?

Does the time, day and location of this class suit you? YES / NO

Preferable day/time/location:

Were you aware of our other classes available? YES / NO

(These can be viewed on our website at www.bodypositivepilates.com)

PAR – Q

Pilates is a very gentle zero impact discipline that aims to realign the body, improve the body's mobility, flexibility and muscle tone while establishing and maintaining ideal posture. Although it is very gentle it may not suit everyone. Please read carefully the questions below and answer all questions honestly, you may have to seek guidance from your doctor as to whether it is suit able for you.

<i>Has your doctor ever said you have a heart condition?</i>	YES / NO
<i>Do you feel pain in your chest when you do physical activity?</i>	YES / NO
<i>In the past month, have you had a chest pain when you were not doing physical activity?</i>	YES / NO
<i>Do you lose balance because of dizziness or do you ever lose consciousness?</i>	YES / NO
<i>Do you have a bone or joint problem (For example, back, knee, hip, or spine) that could be made worse by a change in your physical activity?</i>	YES / NO
<i>Do you have any muscle, ligament or tendon injury's or complaints?</i>	YES / NO
<i>Is your doctor currently prescribing medication for your blood pressure or heart condition?</i>	YES / NO
<i>Do you know of any other reason why you should not do physical activity?</i>	YES / NO

If YES to one or more questions, please give details:

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You should consult with your doctor to clarify that it is safe for you to join this class/start personal training at this time and in your current state of health.

If NO to all questions;

You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. During exercise always work to your level, rest when you need to and always make you instructor aware of any changes in your health.

"I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury."

Client's name:

Client's signature: Date:

Trainer's name:

Trainer's Signature: Date:

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise

Signature: Date:

Would you be happy for your instructor to correspond with your doctor about a medical condition related to this questionnaire? YES / NO

If yes please give details below

Doctors name

Doctors address

Note; This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 8 questions. Please inform your instructor of any changes straight away.

Any queries about this form or anything else please contact me on 07523 910 181

Adapted from CSEP PAR-Q 2002