

Calder Therapies

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PILATES INFORMATION FORM Please return prior to taking part in your first class

Email address: _____

Name: _____

Address: _____

Contact number(s): _____

DOB: _____ Occupation: _____

Please circle your answers to the following questions, adding details as relevant:

1. Is your blood pressure normal? Y / N _____

2. Are you diabetic / asthmatic / epileptic? _____

3. Have you been diagnosed with a heart condition? Y / N _____

4. Do you have any metal pins or plates inserted? Y / N _____

5. Have you been diagnosed with osteopenia/osteoporosis? Y / N _____

6. Are you pregnant or have you had a baby recently? If so when? Y / N _____

7. Have you had any major illness/surgery? Please provide details & dates. Y / N

8. Do you have back problems? Y / N _____

9. Are you on any medication? Y / N _____

10. Have you done Pilates before? If so at what level? Y / N _____

11. Is there any other information that your instructor should know about? Y / N

Signed: _____ Date: _____