



Fitness Pilates Health Screening Form

1: Do you suffer from back problems? Yes No

If so please give details:

2: Have you ever had treatment for a back problem? Yes No

If so when did you have treatment?

If you are currently having treatment who is it from?

Physiotherapist? Please give name & number:

Chiropractor? Please give name & number:

Osteopath? Please give name & number:

Any other professional? Please give details:

3: Have you been given medical clearance to attend a Fitness Pilates Class? Yes No

4: Are you suffering from any other medical problems that may affect your ability to exercise? Yes No

5: Have you any additional Health information that may be relevant? Yes No

6: How do you rate your overall posture?

Excellent Average Poor Very Poor

Please give details:

I understand that I attend Fitness Pilates classes at my own risk

Signed: _____

Print Name: _____

Date: _____