



# PILATES & YOGA MEDICAL HISTORY FORM

## PARTICIPANT DETAILS:

NAME:

DATE OF BIRTH:

MOBILE:

HOME PH:

WORK PH:

EMAIL ADDRESS:

POSTAL ADDRESS:

## CONTACT PERSON IN CASE OF EMERGENCY:

NAME:

PHONE:

## MEDICAL HISTORY

### ABOUT YOU:

Y / N

Are Male, over 45 Years?	
Are Female, Over 55 Years?	
Are a smoker?	
Have high blood pressure?	
Have a family history of Heart Attack?	
Are diabetic	
Are physically inactive?	

### HISTORY - HAVE YOU HAD:

Y / N

A heart attack?	
A pacemaker?	
Heart failure	
Heart valve disease?	
A heart transplant?	

### SYMPTOMS - YOU EXPERIENCE:

Y / N

Chest discomfort?	
Irregular breathing?	
Have epilepsy?	
Have asthma?	
Dizziness, fainting or blackouts?	

### PREGNANCY

Y / N

Are you pregnant?	
How many Weeks?	

**NOTE: Pregnant participants are required to supply Fix Muscle Performance with a written medical release from their Obstetrician, General Practitioner or Midwife prior to commencing their Pilates class.**

<b>OTHER HEALTH ISSUES:</b>		<b>Y / N</b>
Do you take any prescription medications?		
- If you are taking medications please list the names and the conditions they are used to treat:		

<b>CONDITIONS OR INJURIES</b>		<b>Y / N</b>	
Do you have any other medical conditions or injuries that may prevent you from exercising?			
- If yes, please provide details:			
Have you sought treatment for this injury?			
- If you did seek treatment please list which type:			
Any further investigations (g.g. X-rays or CT/MRI scans)?			
- If yes, please provide details:			
How did you find out about our Reformer Pilates / Yoga Classes (please tick)?			
Facebook/Instagram		Newspaper Advertisement	
Google / Website		Word of Mouth	
Other		Please Detail:	

<b>HAVE YOU READ AND UNDERSTOOD THE ATTACHED BEGINNER INFORMATION / GUIDELINE PAPERWORK?</b>	
<div></div>	<div></div>
Sign your name here to signify you have read and understood all information provided	Date

<b>GENERAL RELEASE</b>	
In consideration of my participation in Fix Muscle Performance Reformer Pilates/Yoga classes and having completed the medical history, I hereby generally release Fix Muscle Performance owners, instructors of any liability whatsoever related to my participation in those classes. By completing the Medical History Form I have fully and truthfully disclosed my current medical condition and appreciate that my participation will involve physically demanding activity. I certify that I am physically fit for participation in the classes which I undertake at my own risk.	
SIGNED:.....	DATE:...../...../.....