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**Pilates Physical Activity Readiness Questionnaire (PAR-Q)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile Number: |  |
| Do you consent to be in the class Whatsapp group? | YES | NO |
| Email Address: |  |
| Address: |  |
| Occupation: |  | Date of Birth: |  |
| Emergency Contact Name: |  | Emergency Contact Number: |  |

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular Pilates practice, and completion of the PAR-Q form is a sensible first step to take if you are planning to join a Pilates class, please take care when filling in this Par Q and check the contents are accurate. By submitting this Par Q, you are confirming that the contents are true and accurate to the best of your knowledge. For most people, Pilates should not pose a problem or hazard. The PAR-Q has been designed to identify the small number of people who might need exercises modified or who should seek medical advice before joining a Pilates class. Common sense is your best guide for answering these questions.

|  |  |
| --- | --- |
| Have you attended a Pilates class before, either in a group class or one-to-one? |  |
| If yes, how long have you practiced Pilates and what style(s) of Pilates have you practiced? (Mat Pilates / Reformer Pilates): |
| What are your reasons for taking up Pilates: |

Please indicate in the boxes below whether you have any of the following medical conditions and then provide further information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| Abdominal disorder or recent surgery  |  |  | Hip sensitivities |  |  |
| Arthritis (osteo or rheumatoid) |  |  | Shoulder/neck sensitivities  |  |  |
| Unspecified back pain |  |  | Heart disorders  |  |  |
| Spinal injury |  |  | High blood pressure |  |  |
| Joint replacement |  |  | Low blood pressure |  |  |
| Knee sensitivities |  |  | High cholesterol level |  |  |
| Pregnancy (current or recent) |   |  | Any other medical condition |   |  |
| Further information (for any boxes you answered yes for):  |

*Please note these conditions may also affect your practice and so it will be useful for your instructor to be aware of them:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| Asthma  |  |  | Diabetes |  |  |
| Anxiety/depression  |  |  | Auto-immune disorder (eg ME, MS, Lupus etc.) |  |  |
| Epilepsy  |  |  | Balance affecting disorder |  |  |
| Respiratory issues  |  |  | Migraine |  |  |
| Sensory disorder affecting eyes or ears  |  |  | Other  |  |  |
| Further information (for any boxes you answered yes for): |

I would like to collect and use your personal data from this form to keep you updated about my group exercise classes and to keep me informed about any health or wider needs you have that I need to consider whilst delivering your class/es. See ‘Participant privacy notice’ at www.pilateswithkatrina.co.uk or ask me for a copy. If you are happy for me to collect and store your personal data, please mark this box.

Please notify me of any changes to your responses in this Par Q, before participating in classes.

• Where you have declared a health condition, please contact the instructor before the class if you would like to request that you are provided with suitable modifications or adjustments wherever possible.

• In all classes always follow your instructor’s safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement.

Please read and sign the declaration below.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

 “I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity.”