

PILATES

WITH KATRINA

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.

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 (e.g. M.E., M.S., 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):					

<u>Signed:</u>		<u>Date:</u>	
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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.