



Pleasanton
3908 Valley Ave., Suite B
Pleasanton, CA 94566
(925) 417-8005

Pilates Survey

Name _____

Phone Number _____ Email _____

1. Are you currently receiving physical therapy? Yes No

If yes, who is your therapist? _____

2. Are you comfortable moving from various positions (back, sides, stomach, hands and knees) within a session? Yes/No

3. Are you comfortable changing positions as above while up on a narrow table? Yes No

4. Are you on any medications that may affect your workout? Yes No

If yes, give details. _____

5. Have you any illness/disabilities/injuries or joint problems? Yes No

If yes, give details. _____

6. Are you pregnant or have you been in the last 6 months? Yes No

7. In brief please state (a) your exercise history (i.e., when you last exercised and what activity it was), and (b) what are you hoping to achieve from your class?

a. _____

b. _____

If you have answered YES to any of the above questions, we suggest you seek medical approval to continue with your training. Please feel free to mention anything else that I may need to know to keep your session safe both now and as the training progresses. While every effort is made to keep the session both safe and effective there is a risk of injury as with any program or activity. I am participating of my own free will. On rare occasions there may be a substitute teacher. INFORMED CONSENT I hereby state that I have read, understood and answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____

Signature _____ Date: _____