Diane Pilates

Physical Activity Readiness Questionnaire (PAR-Q)

Name (First, Last):	
Gender:	
Date of Birth (dd/mm/yyyy):	
Email address:	
Contact number:	
Emergency contact name and number:	

	YES	NO
Have you done Pilates before? Level: _____		
Are you able to get up & down from the floor independently?		
Are you happy for your instructor to use light touch to adjust your position, posture or exercise technique?		
Have you done Pilates before?		
Are there any movements that cause you pain?		
Do you have any vision or hearing issues?		
Have you had any surgery?		
Have you had a recent injury?		
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you ever feel pain in your chest when you do physical activity?		
Have you ever had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness/feel faint?		
Are you currently taking any medication that your instructor should be made aware of? If your answer is YES, please state what and why? _____		
Do you have a joint or back problem which could be made worse by exercise?		
Are you pregnant or have you had a baby in the last 6 months?		
Do you know of any other reason why you should not participate in physical activity?		

Please provide any additional info you'd like to include:	

IMPORTANT:

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS, YOU ARE ADVISED TO SPEAK TO YOUR GP FOR MEDICAL ADVICE AND APPROVAL BEFORE COMMENCING AN EXERCISE PROGRAMME.

DECLARATION:

Informed Consent: I wish to participate in Pilates sessions which may include standing, floor-based matwork, and the use of small equipment. I understand that exercising carries a small risk of injury. I confirm that I have answered these questions honestly, and I will notify the instructor immediately of any changes to my health status.

Privacy Notice (GDPR): I understand that my data will be treated with strict confidentiality, stored securely, and will not be shared with third parties.

Signature: …….. Date: ……