

## ASSESSMENT (PRE-ACTIVITY) QUESTIONNAIRE

Please be advised that we require you to complete, sign and discuss the content of this form with a Northern Rivers Pilates (NRP) practitioner prior to commencing your initial assessment

Date of initial assessment:

### Personal details

Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Gender:	<input type="text"/>
Email	<input type="text"/>	Occupation:	<input type="text"/>

### Emergency contact

Name:	<input type="text"/>	Phone:	<input type="text"/>
Relationship:	<input type="text"/>		

	YES	NO
Have you ever done Pilates before?	<input type="checkbox"/>	<input type="checkbox"/>
Are you OK for NRP practitioner to use tactile cueing during your Pilates session?	<input type="checkbox"/>	<input type="checkbox"/>

### Please tick if you have any of the following conditions

Vertigo <input type="checkbox"/>	Pelvic floor issues <input type="checkbox"/>	Neck pathology <input type="checkbox"/>
Glaucoma <input type="checkbox"/>	Plantar fascia <input type="checkbox"/>	Shoulder pathology <input type="checkbox"/>
Osteoporosis <input type="checkbox"/>	Multiple ankle sprains <input type="checkbox"/>	Wrist pathology <input type="checkbox"/>
Heart disease <input type="checkbox"/>	Shin splints <input type="checkbox"/>	Tennis/golfer's elbow <input type="checkbox"/>
Stenosis <input type="checkbox"/>	Bulging disc(s) <input type="checkbox"/>	Rheumatoid arthritis <input type="checkbox"/>
Spondylolisthesis <input type="checkbox"/>	High <input type="checkbox"/> Low blood pressure <input type="checkbox"/>	Pregnant <input type="checkbox"/>
Sacro iliac Joint issues <input type="checkbox"/>	Knee replacement? Right <input type="checkbox"/> Left <input type="checkbox"/>	Type 1 Diabetes <input type="checkbox"/>
Pubic symphysis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	

Any auto immune deficiency disorders?  If so, which one?

Please list any conditions not mentioned above and elaborate on the above if applicable

Are you seeing a health practitioner for your condition? YES  NO

Practitioner's name:	<input type="text"/>	Phone:	<input type="text"/>
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## How did you hear about us?

Internet search	<input type="checkbox"/>	NRP website	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Passing by (saw our sign)	<input type="checkbox"/>	Other (specify)	<input type="text"/>

## Agreement

- I understand and appreciate that it is my responsibility as a participant to disclose all body ailments to NRP to ensure optimum results.
- I declare that I have disclosed all necessary medical information to my NRP practitioner.
- I will adhere to all beginner options and await assistance when required.
- I understand that my practitioner is a specialist in Pilates and not medicine and I will be sure to discuss further with my doctor unresolved body issues.
- I am fully aware that the exercise of Pilates, although specific and beneficial, has inherent risks and I take full responsibility for myself during Pilates classes at NRP.
- I hereby release the NRP instructor from any loss or damage, caused directly or indirectly by the application of these exercises.

Print name:	<input type="text"/>	Signed:	<input type="text"/>
Witnessed by:	<input type="text"/>	Date:	<input type="text"/>

**On completion of this form, please save it to your desktop or other location on your computer, then email it back to us by clicking on the icon below. Alternatively, you can print the completed questionnaire and bring it with you on your first appointment.**

