



All the information provided on this form is kept in strict confidence, in accordance with the 1993 Privacy Act. For your safety, please answer all questions truthfully and as comprehensively as possible.

Personal Information

Name

Date of Birth

Email

Phone (MOBILE) (WK)

EMERGENCY CONTACT

PHONE NUMBER

Health Information

Please Answer Yes or No for the following questions:

| | Yes | No |
|--|-----|----|
| Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke? | | |
| Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise? | | |
| Do you ever feel faint, dizzy or lose balance during physical activity/exercise? | | |
| Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | | |
| If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months? | | |
| Do you have any other conditions that may require special consideration for you to exercise? | | |
| Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise? | | |
| Are you pregnant? | | |
| Are you on any long-term medication? | | |
| Do you have chronic health problems? | | |
| Do you have any allergies? | | |

Please describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For example:

Walking where it doesn't change your breathing is considered light.
 Walking where you can still maintain a conversation but get a little puffed is moderate.
 Running where you could not chat to anyone is high.

| Intensity | Light | Moderate | High | Total |
|----------------------|-------|----------|------|-------|
| Frequency (per week) | | | | |
| Duration (mins) | | | | |

Current injuries?

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Personal goals you want to achieve from Pilates?

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How did you find out about us?

| | | | |
|--|--|-------------------|--|
| Google | | Instagram | |
| From a friend | | New World Remuera | |
| Facebook | | Classpass | |
| Referred by: (please state so we know who to thank!) | | Other: | |

I agree that to my knowledge I am able to safely commence this type of exercise and will not hold MatWorks Ltd responsible for any injury that might occur when undertaking this exercise programme. I HEREBY agree to inform the instructor if I have any discomfort during the session and acknowledge that no refunds will be given if a class is missed.

Signature.....Date.....