

Seascape
Pilates
Studio



Pre-exercise form

Emergency contact number: _____

Current conditions & medication - please detail: _____

Any surgery in the last 10 years - please detail: _____

Do you have an issues with your shoulder, elbow, wrist or hand?

Do you have an issue with your hip, knee, ankle or foot? _____

Do you suffer from back pain? _____

If you have been diagnosed with a spinal pathology please write it here:

Do you have heart disease? _____

How is your blood pressure? _____

Do you have asthma or breathing difficulties? _____

Do you have diabetes? _____

Have you been diagnosed with osteoporosis or osteopenia? Please give more detail below:

Do you have epilepsy? _____

Are you pregnant? _____

Please give details about any of the conditions mentioned above, anything else that has not been mentioned as well as any medication.

I have given all relevant information and confirm i will take responsibility for myself and will stop exercising during the class if i need to. I will inform the teacher if my medical condition changes.

Terms & conditions

I have read and agree to the terms above

Name & Signature:

Date: