



Client Health Questionnaire *Clinical Pilates and Group Rehab*

First Name _____ Surname _____
 DOB _____ Email _____
 Mobile _____ Address _____

Emergency Contact

Name _____ Relationship to you _____
 Mobile _____ Email _____

How were you referred to Q Pilates

Facebook Event Google Sports Club Have previously attended classes
 Flyer Magazine Walk Past Internet
 Health professional insert name Friend / family insert name

How will you be paying

Private (100% self funded) Private (claiming with Private Health Fund)
 Workers Compensation Department of Veterans Affairs
 Third Party Insurance Claim

Please indicate below if you have had, or have at the present time, any of the following (*please circle*)

Stroke or cardiovascular incident	Yes / No	Osteoporosis	Yes / No
Hypertension/hypotension/dizziness	Yes / No	Scoliosis	Yes / No
Epilepsy	Yes / No	Artificial joints	Yes / No
Diabetes	Yes / No	Head or spinal injury	Yes / No

Are you pregnant Yes / No / Maybe

List any current injuries you are receiving treatment for

List any surgery you have undergone and include approximate dates

List any previous or ongoing musculoskeletal issues with back, neck, knee, ankle and shoulder

Cancellations You may cancel a booking up to 24 hours before the commencement time with no penalty
 Clients who cancel inside 24 hours will be charged the full class fee

Waiver

I confirm that I am participating in exercise classes, programs and workshops offered by Q Pilates during which I will receive information and instruction about fitness and health. I recognise that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. Provision of a safe and effective exercise program is dependent upon accurate health and fitness profiling. I have disclosed all relevant personal health and fitness information both prior to and during participation in any exercise class, program and workshop offered by Q Pilates.

I acknowledge I should always consult my physician or other healthcare provider before starting an exercise program. I understand that there is a risk of injury associated with participating and using Q Pilates' studio and equipment. I hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending, exercising or participating with Q Pilates and its employees and contractors. I hereby waive all claims against Q Pilates, its employees, contractors, clients or partners of individually or otherwise, for any and all injuries, claims or damages that I might incur.

Signature _____ Date _____ / _____ / _____

By signing this I acknowledge the Q Pilates cancellation policy and that cancellation fees will be added to my account