



|                     |  |
|---------------------|--|
| Name                |  |
| D.O.B               |  |
| Address             |  |
| Mob:<br>Home number |  |

|                     |  |
|---------------------|--|
| Name of GP          |  |
| GP Practice Address |  |
| Telephone:          |  |

|  |
|--|
| <p>Past Physical history and current level of activity</p> <p>What do you hope to achieve?</p> <p>Occupation:</p> <p>Current Medication:</p> |
|--|



**BeeBalanced**  
•PILATES•

| Question  | No | If yes, please give details |
|---|----|-----------------------------|
| Problems with neck or back?   |    |                             |
| Problems with any other joints?   |    |                             |
| Any joint replacements? When?   |    |                             |
| Oestoporosis? Osteopaenia?  |    |                             |
| Problems with pelvic floor/bladder?   |    |                             |
| Heart or circulatory problems? E.G. blood pressure, DVT Any respiratory conditions? |    |                             |
| Are you pregnant?   |    |                             |
| Given birth in last 12 months   |    |                             |
| Have you recently had surgery?  |    |                             |
| Anything else I should know? (use back of sheet if necessary)                       |    |                             |

Declaration: I hereby confirm that I have read, understood and answered honestly the questions above and that I wish to participate in Pilates activities; which include, slow controlled exercises using resistance equipment and stretching. I understand and am aware that these are potentially hazardous activities that involve a risk of injury and even death. I am aware that if I choose not to take advice, or to disregard any advice given to me by Baharak Alavi, Stott qualified Pilates Instructor, I do so voluntarily and accept liability for all resulting injuries or damage. I accept that this PARQ form does not give any advice as to my ability or readiness to participate and that if I have any questions regarding my fitness to participate I will consult my doctor.

Signature: .....Print name: ..... Date: .....

Additional note: I confirm that, if necessary, I have taken medical advice and my doctor has agreed I should exercise.

Signature: .....Printname..... Date: .....

I consent to having communication with Baharak Alavi through email, phone, text, wats app and voice messages (please delete the mode you don't wish communication through).