



**LARA PEPPER**  
NUTRITION. PILATES. MASSAGE.

<b>Title</b>		<b>Name</b>	
<b>Address</b>			
		<b>Postcode</b>	
<b>DOB</b>		<b>Email</b>	
<b>Mobile</b>		<b>Home no.</b>	
<b>GP Name</b>		<b>Drs Surgery</b>	

**Client screening questionnaire – Please ensure you complete all of the following information:**

1. Are you taking any regular medication which may affect you during the session? YES/NO

If YES, please provide details:

2. Have you any illnesses or disabilities? YES/NO

If YES, please provide details:

3. Do you have any injuries or joint problems? YES/NO

If YES, please provide details:

4. Have you had any surgery within the past 12 months? YES/NO

If YES, please provide details:

5. Are you or have you been pregnant in the past 6 months? YES/NO

6. Please indicate below if you have been diagnosed with any of the following conditions:

Epilepsy or seizures

Asthma

Osteoporosis

Heart condition

Diabetes

Metal implant or Pacemaker

Rheumatoid Arthritis

High/low blood pressure

Blood disorder

7. Are you aware of any reason that you should not participate in physical activity without medical supervision? YES/NO

8. Do you consent to be contacted about future courses by email? Yes/No

**Terms of agreement:**

I have read, fully understood and completed this questionnaire. The answers that I have given are accurate to the best of my knowledge. I understand that it is my responsibility to inform the instructor if I experience any new or unusual symptoms during the course of my 1:1 or classes. I acknowledge that a qualified and fully insured Pilates instructor will perform my assessments and classes. I understand that all courses are pre-paid in full and are non-refundable and non-transferable.

I accept that my instructor, the studio or the premises at which I partake in my Pilates practice cannot be held responsible for any damage or loss to personal property whilst on the premises.

I consent to my personal information being kept in line with General Data Protection Regulation (GDPR) and understand that this will not be given to third parties.

<b>Print Name</b>			
<b>Signature</b>		<b>Date</b>	