



Pre-Exercise Screening Form

Name: _____

Street Address: _____

Suburb: _____ State _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____ DOB: _____

Occupation: _____ Place of work: _____

Work Phone: _____ Facsimile: _____

Emergency Contact – Name & Number: _____

Current Injuries: _____

Previous Injuries: _____

Restrictions: _____

Conditions: _____

Medications: _____

Treatments: _____

Do you have or have you in the past contracted an infectious disease (eg dermatitis, hepatitis, HIV)?: Yes No

If yes, please give details: _____

Have you ever had undiagnosed pain in the following:

Neck		Hips	
Shoulders		Knees	
Back		Ankles	
Other			

If yes to any of the above, please give details: _____

Has the above pain or injuries affected you in any way? Please give details: _____

Are you pregnant? Yes No When are you due? _____

Do you have children? Yes No How many? _____

Birth and baby history: _____

Current Exercise: _____

Usual Intensity: _____ Frequency: _____

Goals: _____

Are you, or have you ever trained at an elite level in any sport or art? _____

I agree that the information I have given on this document is true and correct. I have read and understood all the wording printed on this document and accept full responsibility for my actions at any and all times on the premises of Alive Yoga & Pilates and during any workouts, classes, practice and use of equipment in any way whilst engaged in activities on the above premises.

I understand that I must give 24 hours notice for cancellation of bookings or the full fee will be charged/my session will be forfeited.

Signed: _____

Date: _____