

Gesundheitsbogen - Questionnaire about your health

Welcome to the Pilates Zentrum Münster. We are happy to meet you and thank you for joining us.
Before you enroll, we kindly ask you to fill out our questionnaire.

Date / first training: _____

First given name / Surname: _____

Date of birth & age: _____

Telephone number / mail address:

General questions:

Do you have previous experience with Pilates? If so, when and where?

What kind of sports/exercises you have done so far?

What do you expect from Pilates training?

Who recommended you? Or how did you the Pilates Zentrum Münster?

Your state of health:

Musculoskeletal system diseases or pain?

Yes

No

- back (spine) / neck
- knee
- shoulders
- hip
- feet, hands
- herniated (vertebral) disk: cervical spine, thoracic spine, lumbar spine
- arthrosis / physical injury
- osteoporosis

Describe in more detail, if necessary:

Please turn the page ☺

Cardiovascular diseases or any other diseases?

- hypertension
- diabetes
- cardiac insufficiency / heart attack / apoplexy
- asthma
- others

Describe in more detail if necessary...

Have you had any surgery recently? Any restrictions or scars/cicatrix?

If so, please describe:

Take medication?

If so, please specify:

To pregnant participants or recent mothers:

Currently pregnant?

Week of gestation: _____

After pregnancy - Births and due date(s)

Recovery after pregnancy?

Health problems during or after pregnancy?

Declaration

I hereby declare that I attend classes voluntarily and waive all liability claims. I bear full responsibility for myself and my actions.

The Pilates Zentrum Münster is responsible for the proper function of equipment and furnishings.

We are not liable for inflicted accidents and damage to health caused by you. All accidents should be reported as soon as possible, not later than the following day. We assume no responsibility for user's own valuables, clothes or equipment.

I hereby declare that my statements concerning my health are true and complete. I participate in classes at my own risk.

Münster, _____

Place, date

Signature