**Pilates for Neurological Conditions Evaluation Form**

Any change in activity or taking part in exercise can increase the risk of injury. You must notify your teacher of any changes in your health at the start of each lesson. Answer the following questions honestly. **If you answer ‘yes’ to a question please provide details.** On completion, sign below to confirm that you will:

 1) not do anything beyond your own ability in the class;

 2) stop exercising if you feel pain and notify the teacher;

3) inform the teacher if you have any changes in your physical health;

4) take full responsibility for your health, well-being and safety whilst attending the class;

5) not hold the teacher or stand ins responsible for any accident, loss or injury.

 Please do not exercise if you feel unwell or have taken medicines which will affect your pain threshold, awareness or concentration.

**Part One**:

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| --- |
| Name: |
| Date of Birth: |
| Address: |
| Contact Number:Emergency Contact: |
| Email: |
| Current Medical History: |
| Pain?Neck Upper backShouldersHipsKneesAnklesSpineOther |
| Current exercise: |
| Past exercise history: |
| Current Medications: |
| Any additional information: |

**Part Two**:

|  |
| --- |
| Where do you feel weakness? *Informs lesson programme.* |
| When do you feel your best? *Informs timing of lesson*. |
| When do you feel your worse? |
| What does weakness mean to you? |
| Do you experience numbness, tingling, muscle spasms? |

***By providing these details you are agreeing to allow me to contact you in order to book future classes or workshops hosted by Pilates Isle of Man. All information provided by you is not shared with a third party. However, during the Covid-19 Pandemic a Track and Trace Register is kept and I will be obliged to share your details with Public Health Isle of Man if required to do so.***

***Updated: 17/09/23***