

## **PRE -ACTIVITY QUESTIONNAIRE & DISCLAIMER**

### ***SLEEK Pilates, SpecialLee K Massage Therapies and Kate Lee Workshops***

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact Name & Phone \_\_\_\_\_  
How did you hear about this class? \_\_\_\_\_

Please list any specific medical allergies, medications, chronic illness or other conditions which the instructor should be aware of \_\_\_\_\_

---

Do any of the following apply to you? (check all that apply)

fibromyalgia  stress  osteoporosis  arthritis  diabetes  
 high blood pressure  epilepsy  whiplash  back pain  shoulder pain  other

---

What are your reasons for doing pilates and what goals do you want to achieve?

Le lose weight, tone a certain area, strengthen a certain area, help an injury, improve athletic performance, increase flexibility, improve posture are common responses.

---

Please answer Yes or No to the following questions:

Yes /No Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by a doctor?

Yes/No Do you experience pains in your chest when you perform physical activity?

Yes/No In the past month, have you had chest pains when you were not doing physical activity?

Yes/No Do you ever lose your balance due to dizziness or you ever lose consciousness?

Yes/No Do you have bone, joint or other problems that must be addressed when developing an exercise program?

Yes/No Are you pregnant now or have you given birth in the last 6 months?

Yes/No Have you recently had surgery?

**If you answered yes to any of these questions please elaborate**

---

If you answered yes to any of the above questions, Kate Lee / Speciallee K / Sleek Pilates, strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program as a certain level of risk is inherent . Any information, instruction or advice obtained from Kate Lee's Pilates classes or massage workshops, may not be substituted for your doctor's advice or treatment and that any instruction or advice is obtained at your own risk. You agree to release and discharge Kate Lee and staff at Plenty Healthcare from any and all responsibilities or liabilities from injury or illness arising from your participation in activity undertaken during Kate's classes or upon any advice given during such classes at Plenty Healthcare, Lower Plenty Scout Hall, Diamond Valley Sports & Fitness or any other locations where workshops or classes are to be held.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (Required if under 18 years old) \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_