



YOGA & PILATES

BREATHER INFORMATION

CLASS _____

DATE _____

GIVEN NAME _____ FAMILY NAME _____

ADDRESS _____ SUBURB _____ POSTCODE _____

MOBILE _____ WORK PH _____ HOME PH _____

EMAIL _____ GENDER MALE FEMALE

DATE OF BIRTH _____ EMPLOYER _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT NUMBER _____

HOW DID YOU HERE ABOUT BREATHE?

SIGNAGE/WALKED PAST FLYER PRACTITIONER REFERRAL CORPORATE OFFER

INTERNET FRIEND (WHAT A NICE FRIEND) _____
NAME OF FRIEND

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL HELP US TO OFFER THE BEST AND SAFEST CLASSES FOR YOU

SECTION 1. KNOWN ILLNESSES OR CONDITIONS

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING: _____

DO YOU HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

LIVER DISEASE OSTEOPOROSIS DIABETES CANCER HEART TROUBLE ARTHRITIS ASTHMA

KIDNEY DISEASE MENTAL ILLNESS THYROID DISEASE OTHER _____

HAVE YOU EVER HAD A STROKE? YES NO

ARE YOU PREGNANT? YES NO

PLEASE SPECIFY ANY OTHER KNOWN HEALTH CONDITIONS OR INJURIES, PAST OR PRESENT, WHICH MAY AFFECT YOUR PARTICIPATION:

DO YOU HAVE ANY INFECTIONS OR INFECTIOUS DISEASES? YES NO

HAVE YOU BEEN HOSPITALIZED RECENTLY? YES NO

SECTION 2. SIGNS AND SYMPTOMS

DO YOU EVER HAVE PAINS IN YOUR HEART AND CHEST ESPECIALLY DURING EXERCISE? YES NO

IN THE LAST 12 MONTHS HAVE YOU EVER FELT AN ABNORMAL SHORTNESS OF BREATH DURING EXERCISE? YES NO

DO YOU EVER FEEL FAINT OR HAVE SPELLS OF DIZZINESS, PARTICULARLY DURING EXERCISE? YES NO

DO YOU EXPERIENCE FATIGUE WHEN YOU ARE NOT DOING ANYTHING STRENUOUS? YES NO

HAVE YOU RECENTLY HAD OR DO YOU HAVE?

ASTHMA CRAMPS NECK PAIN OR INJURY BACK PAIN OR INJURY

ARTHRITIS MUSCULAR PAIN KNEE PAIN OR INJURY ANKLE PAIN OR INJURY

SECTION 3. CARDIAC RISK FACTORS

DO YOU HAVE A DIRECT RELATIVE WHO HAS HAD A STROKE, HEART ATTACK OR CARDIOVASCULAR DISEASE? YES NO

IF YES, WHAT RELATION AND AT WHAT AGE DID THEY HAVE THE ILLNESS? _____

HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE? YES NO

PLEASE READ THE FOLLOWING ADVICE CAREFULLY AND SIGN

ASK A STAFF MEMBER TO GUIDE YOU TO THE MOST SUITABLE CLASSES. ENSURE YOU WORK AT A LOW LEVEL ON YOUR FIRST VISITS AND CONCENTRATE ON LEARNING PROPER TECHNIQUE. BE SURE TO LIMIT YOURSELF TO A PACE WHERE YOU CAN STILL TALK COMFORTABLY. SHOULD YOU SUFFER ANY INJURY, ILLNESS, OR CONDITION IN THE FUTURE, PLEASE NOTIFY US BY COMPLETING THIS QUESTIONNAIRE AGAIN. IT IS RECOMMENDED THAT ALL MALES OVER 35 AND FEMALES OVER 45 HAVE A MEDICAL ASSESSMENT INCLUDING AN EXERCISE ECG AND CHOLESTEROL/LIPID COUNT. I RECOGNIZE THAT THE INSTRUCTOR OFFERS ONLY A GUIDELINE AS TO THE LIMITATIONS OF MY ABILITY. I HAVE ANSWERED THE QUESTIONS TO THE BEST OF MY ABILITY AND UNDERSTAND THE ADVICE ABOVE.

SIGNED _____ DATE _____

OFFICE USE CHECKED BY _____

INSTRUCTOR CLEARANCE REQUIRED (INSTRUCTOR PLEASE INITIAL) _____

MEDICAL CLEARANCE REQUIRED (PLEASE ATTACH) _____

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