

Health questionnaire

PERSONNEL

Surname: _____ First Name: _____

Address: _____ Postcode/Location: _____

E-Mail: _____ Mobile: _____

Date of birth: _____ Occupation: _____

If you are here on holiday: Please enter your permanent (home) address, NOT your holiday address!

QUESTIONS

Do you train a sport regularly? If so, which ones? NO YES

Do you have any Pilates or Yoga experience? NO YES

Do you have problems with your musculoskeletal system (e.g. joints, back etc.)?
If so, which ones? NO YES

Have you ever had an operation? If yes, which ones? NO YES

Do you suffer from other diseases (e.g. heart, blood pressure, diabetes, asthma etc.)?
If yes, which ones? NO YES

Do you suffer from allergies? If so, which and for what? NO YES

Do you take medication regularly? If so, which and for what? NO YES

Do you have any other restrictions? If so, which ones? NO YES

Do you have or have you had problems with your pelvic floor (e.g. incontinence, lowering)? NO YES
If yes, which ones?

ADDITIONAL QUESTIONS FOR PRE-/POSTNATAL COURSES ONLY

Are you pregnant at present? NO YES

Pregnancy: When is the calculated date of birth? _____

Regress: When was the date of birth of your baby? _____

What kind of birth did you have? Spontaneous birth Caesarean section

Did you have any birth injuries? If so, which ones? NO YES

How many children did you give birth to? _____

How did you hear about Nanea? Website Flyer Newsletter Recommendation

With my signature I confirm the correctness and completeness of my data and accept the general terms and conditions (AGB). I attend the training at Nanea on my own responsibility and take over the insurance as well as the liability.

Date: _____ Signature: _____

Your data will of course be treated confidentially and will not be disclosed to third parties.