

## Health questionnaire

### PERSONNEL

\*\*\* If you are here on holiday: Please enter your permanent/home address, not your holiday address! \*\*\*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode/Location: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Health insurance: \_\_\_\_\_  
(Supplementary)

### 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 a surgery? 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 take medication regularly? If so, which and for what?  NO  YES

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

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Do you have or have you had problems with your pelvic floor (e.g. incontinence, prolapse)?  NO  YES

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ADDITIONAL QUESTIONS FOR PRE-/POSTNATAL COURSES ONLY

Are you pregnant at present?  NO  YES

Prenatal: When is your calculated due date for birth? \_\_\_\_\_

Postnatal: 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

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How many children did you give birth to? \_\_\_\_\_

Who should be notified in an emergency?

First name/Surname: \_\_\_\_\_ Telephone: \_\_\_\_\_

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.