



**3. How far can you usually walk (with or without a walking aid)?**

- ☐ Less than 100 metres
- ☐ About 500 metres
- ☐ 1 kilometre or more

**4. Do you use any walking aids (stick, frame, other)?**

- ☐ No
- ☐ Yes – please specify: \_\_\_\_\_

**5. Do you have difficulty with daily activities (e.g., dressing, cooking, standing up from a chair)?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ Significant difficulty

**6. Do you experience stiffness, tremor, or fatigue that affects your movement or exercise?**

- ☐ Rarely
- ☐ Sometimes
- ☐ Often

**7. How confident do you feel about exercising safely?**

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not confident

**8. What are your main goals for joining this exercise programme?**

(Open answer)

**General Health & Medical History**

Please tick if you have any of the following:

- ☐ Heart condition ☐ High/low blood pressure ☐ Respiratory condition  
☐ Osteoporosis/arthritis ☐ Joint replacement ☐ Back/spinal issues  
☐ Diabetes ☐ Stroke/TIA ☐ Other neurological condition  
☐ Other medical condition (please specify):

**Medication**

- Parkinson's medication (names & times):
- Other regular medications:

**Consent & Agreement**

- I confirm that the information provided is accurate to the best of my knowledge.
- I understand that I should inform the instructor of any changes to my health.
- I consent to participate in Reformer Pilates sessions, tailored to my needs.

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_