

Today's Date / /

Name

Address

Email Address

Profession

Postcode

Mobile No.

Home No.

Work No.

Are you currently doing any other form of exercise?
If so, what are you doing and how often?

How did you hear about us? Please be specific and let us know in which shop/cafe you saw a leaflet, which site linked to us, who recommended us, etc.

MEDICAL HISTORY & POSTNATAL INFORMATION

Height (approx)

Weight (approx)

Date of Birth

What date did you last give birth

Have you had your six-week check-up since that birth?

How many children do you have?
(please give ages and names)

Describe any conditions you had in your pregnancy or previous pregnancies. Please describe the births of your child / children (Caesarean, episiotomies, etc) and any health conditions you may have acquired from giving birth.

Do you have any of the following postnatal conditions?

Separated rectus abdominal muscles

Stress incontinence (weak pelvic floor) on coughing, laughing, sneezing, or jumping

Other pelvic floor related conditions such as urgency problems or prolapses

Pubic symphysis pain or sacroiliac joint problems

Other conditions

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MEDICAL HISTORY & POSTNATAL INFORMATION (CONTINUED)

Are you affected by any of the following? Please note any medications you take.

A chronic disease (e.g. Diabetes, Osteoporosis, ME)

Asthma or breathing problems

High / Low blood pressure or heart problems

Balance problems or dizziness

List any past significant surgery (including Caesareans)

Please describe in full any musculoskeletal problems, eg. back, neck, shoulder, knee or other joint issues.

Are you currently receiving any treatment from your GP / Physiotherapist / Osteopath for any musculoskeletal problems? Please state which treatments, and whether you have informed the practitioner that you are attending a Post-Natal Pilates matclass.

Please read below and if you are happy to agree, please sign and date the form

- + I have understood that this is a class for post-natal women and my teacher is a qualified and insured Pilates teacher.
- + I understand that all exercise carries a risk of injury and I will take responsibility for my own body.
- + I will tell the teacher of anything painful / unusual I experience in the class or between classes, and stop doing the exercise if I or s/he thinks I need to.
- + I understand that the teacher may offer alternatives to exercises and it is my decision whether to follow the advice or not.
- + I understand my teacher may offer me professional advice relating to my ability to exercise and s/he may consider it unprofessional to continue to teach me if I do not wish to follow that advice.
- + I will keep my teacher updated on any changes in my medical condition.
- + I understand and agree to the terms and conditions of the class as published on the website, including that classes are not changeable or refundable.

Signed

Date / /