

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 & PREGNANCY INFORMATION**

Height (approx)

Weight (approx)

Date of Birth

No of weeks pregnant

Due Date

If you are in your 3rd trimester, do you know what position your baby is in?

Is this your 1st, 2nd, or higher pregnancy?

Do you have a history of miscarriage?

Please describe your previous pregnancies, births, and/or any problems you had, including any conditions such as gestational diabetes, preeclampsia, etc.

How old are your other children?

**Do you have any of the following pregnancy-related conditions?**

Placenta Praevia

Weak Cervix

Swollen ankles/wrists

Carpal Tunnel Syndrome

Pubic symphysis pain or sacroiliac joint problems

Other conditions

CONTINUED ON NEXT PAGE >

**MEDICAL HISTORY & PREGNANCY 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 Pregnancy Pilates matclass.

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

- + I am more than twelve weeks pregnant
- + I have understood that this is a class for pregnant 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 and between classes.
- + I will 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 pregnancy health and 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  /  /