



## POST NATAL PILATES ONLINE REGISTRATION & HEALTH SCREENING FORM

<b>NAME</b>		<b>D.O.B.</b>	
<b>BABIES NAME</b>		<b>BABIES D.O.B.</b>	
<b>ADDRESS</b>		<b>TEL No</b>	
<b>EMAIL</b>		<b>GP NAME</b>	

### EMERGENCY CONTACT DETAILS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ No.: \_\_\_\_\_

### PREGNANCY AND BIRTH INFORMATION:

<b>Date of delivery</b>		<b>Weeks post partum</b>	
<b>Type of birth</b>	Vaginal or C-section	<b>If C-section</b>	Planned or emergency
<b>Did you have?</b>	Episiotomy or tear	<b>Do you have abdominal separation (Diastasis)?</b>	
<b>Breast feeding</b>	Yes/ No	<b>How many children do you have &amp; ages?</b>	

### YOUR HEALTH & FITNESS DETAILS (INCLUDING POST PARTUM HEALTH CHECK):

Have you previously or are you currently experiencing any of the following conditions? Please tick

	YES	NO		YES	NO
Anxiety or stress			Surgery in the last 2 years		
Heart problems			Respiratory problems		
High /low blood pressure			On medication		
Dizziness or fainting			Medical problems during this pregnancy		
Pelvic girdle pain (pain in the front or back of the pelvis)			Non-resolving haemorrhoids		
Back problems			Other joint pain		
Bowel incontinence			Bladder incontinence		

If YES Please provide details: \_\_\_\_\_

Did you exercise during your pregnancy? YES/NO

Are you currently exercising? YES/NO

Do you have any previous Pilates experience? YES/NO

### CLIENT DECLARATION:

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all the questions correctly and all medical and health considerations have been detailed above. I understand that individual correction cannot be given via zoom and it is my responsibility to stop if the movement does not feel right and advise the instructor asap. I understand I must also advise the instructor of any relevant changes in my health and fitness.

**It is advisable to stop exercising at any point if you feel fatigued or have any pain or discomfort. You must be 6 weeks post vaginal delivery and 12 weeks post c section to participate. It is recommended that you have medical clearance to exercise.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_