

CONFIDENTIAL – Pregnancy Health Questionnaire and Contact Details

IF YOU HAVE ANY DOUBTS THAT PILATES IS RIGHT FOR YOU, PLEASE CONSULT WITH YOUR MEDICAL PRACTITIONER.

Name Date of Birth

Address

Phone: Home.....Work..... Mobile

Email

Occupation:Date Due:

Baby: 1st / 2nd / 3rd / other

Where do you plan to give birth (home / hospital / other)

Pre-Natal screening so far.....

Gynaecological / obstetric history (eg previous complications, IVF etc)

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Previous births

Any current health concerns? (eg varicose veins, back pain, piles, heartburn, nausea, high / low blood pressure, depression, other)

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Your general health?

Any past injuries?

Have you practised pilates before?

I agree to inform the teacher at the beginning of any class should any changes appear in the above information or if any medical, physical or emotional problem arises while attending the classes.

Signed:

Date: