Cheshire Pilates & Physio
'therapy that moves you'

Pilates In Pregnancy Registration Form

General Client Details

Date: _____

Client Name: _____ Date of Birth: _____
Address: _____
_____ Post Code: _____
Home Telephone: _____ Work Telephone: _____
Email: _____:
GP Name & Address: _____
Obstetrician Name & Address: _____
Were you referred here by a medical/health practitioner? _____
If not, please state how you heard of us: _____

Pilates Aims

Why have you decided to commence Pilates? _____

What aspects of your health would you like to concentrate on?

Core Stability | Flexibility | Posture

Pelvic floor training | Relaxation | Toning

What are the three main aims that you are hoping to achieve with your Pilates programme?

1. _____
2. _____
3. _____

Lifestyle

Are you currently working? If so what is your occupation? _____

Does you occupation involve any repetitive movements or prolonged postures? If yes please give a brief explanation: _____

Are you involved with any other sports and/or hobbies? If yes please briefly outline.

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Pilates in Pregnancy Medical Questionnaire

1) Are you currently experiencing OR ever been diagnosed with any of the following conditions?

Back Pain	if yes please give further details	yes	no
Pain at the front or back of your pelvis	if yes please give further details	yes	no
Heart problems	if yes please give further details	yes	no
Any other muscle or joint conditions	if yes please give further details	yes	no
High or low blood pressure	if yes please give further details	yes	no
Circulatory problems e.g: blood clots	if yes please give further details	yes	no
Diabetes	if yes please give further details	yes	no
Abdominal vaginal bleeding	if yes please give further details	yes	no
Pre-eclampsia	if yes please give further details	yes	no
Incompetent cervix	if yes please give further details	yes	no
History of spontaneous miscarriage	if yes please give further details	yes	no
Anaemia	if yes please give further details	yes	no
Epilepsy (Grand mal seizures).	if yes please give further details	yes	no
Abnormal placental function or position	if yes please give further details	yes	no

2) Is this your first pregnancy?	yes	no
3) If no, how many other children do you have and what are their ages? If yes please give details	yes	no
4) How many weeks pregnant are you?		
5) Have you had any complications with your pregnancy? if yes please give further details	yes	no
6) Have you ever had an episode of lower back pain?	yes	no
7) If yes, approx. how many **previous episodes** of lower back pain have you had?		
8) Have you had any recent injuries or surgery? Please give details	yes	no
9) Are you having twins?	yes	no

PILATES PARTICIPATION INFORMED CONSENT

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. Pilates sessions may be stopped because of signs o fatigue or strain. It is important for you to realise that you may stop when you wish because of fatigue or any other discomfort. There exists the possibility of certain dangers when exercising. They include abnormal blood pressure , fainting , irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the bodies exact response to exercise. Efforts will be made to minimise these risks by evaluation of preliminary information relating to your health and by observations during exercising. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

I understand that with certain conditions a degree of undressing may be required during the assessments, and that the Pilates instructor will explain this to me at the time. I understand that the Pilates program will be specifically designed as a programme of exercise should only be undertaken when in a Pilates class, or when I have been given specific instructions to exercise on my own.

Please note a full fee may be applicable if less than 24 hours notice is not given for all considerations.

Signed _____ **Date:** _____

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Your Lifestyle

What is your Occupation? .....

Does your occupation involve any repetitive movements / activities or postures such as predominantly sitting / desk based / lifting / bending or similar. Plea se explain:

.....

.....

What sports & hobbies are you involved in?

.....

.....

Have you had to discontinue or modify your sports or hobbies for any health reason? ☐ Yes ☐ No

If 'yes' please provide details: .....

.....

Purpose of Pilates

Have you ever practiced Pilates before? What style (e.g. Body Control) and for how long?

.....

.....

What is your purpose for doing Pilates?

.....

What health or physical goals do you hope to achieve by practising Pilates?

.....

Have you been referred to Pilates by a specialist health practioner? If so, by whom?

.....

.....

What aspect of your health would you like Pilates to concentrate on? Please tick the appropriate box(es):

☐ Core Stability
☐ Strength
☐ Flexibility
☐ Stress Management
☐ Relaxation
☐ Posture

☐ Other (please specify) .....

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Your Health Are you currently experiencing any of the following conditions?			
	Yes	No	If 'yes' please explain.
Lower back pain?	☐	☐	…… ……
Pelvic Pain?	☐	☐	…… ……
Any other spinal condition?	☐	☐	…… ……
Any other orthopaedic condition?	☐	☐	…… ……
Heart problems?	☐	☐	…… ……
High or low blood pressure?	☐	☐	…… ……
Epilepsy (Grand Mal seizures)?	☐	☐	…… ……

Pregnancy	
Are you pregnant?	☐ Yes ☐ No
What is the due date?	
If you have had a baby in the last year, when?	
If so, was the delivery normal/caesarean?	…… ……

Back pain	
Have you ever had an episode of low back pain?	☐ Yes ☐ No
If 'yes', how many previous episodes of low back pain have you had?	

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Injuries and surgery	
Have you had any recent injuries or surgery?	☐ Yes ☐ No
If 'yes', please give details.	…… ……

Illnesses

Please circle any of the following conditions that you have been diagnosed with or have had treatment for:

Asthma	Osteoarthritis	Stroke	Diabetes	Depression
Bronchitis	Cancer	Dermatitis	COPD	Osteoporosis

Have you ever had any other major illnesses not included above?

……

……

Joint Disorders	
Do you have any pain or restricted movements in any joints e.g. hip or knee?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Do you suffer from any bone or joint problems?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Have you ever been diagnosed with hypermobility?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Neck Problems	
Do you get headaches frequently?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Do you lose your balance because of dizziness?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Do you suffer from pins and needles, numbness	☐ Yes ☐ No

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or weak in your muscles at all?	
If 'yes', please give details.	…… ……
Medication	
Are you currently taking any medication?	☐ Yes ☐ No
Please list.	…… …… …… ……
Have you ever taken steroids?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Have you ever taken anticoagulants, drugs to thin the blood?	☐ Yes ☐ No
If 'yes', please give details.	…… ……
Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exercise. Please expand on any of the questions above and give any further relevant details below. …… …… …… ……	

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Pilates Participation Informed Consent Form

The Pilates Programme will begin at a low level and will be advanced in stages depending on my fitness level/ spinal condition. I acknowledge that it is important for me to exercise at my own rate and within my own level of comfort and ability. If at any time I am unsure of the exercise or am experiencing any discomfort/ pain, I will stop the exercise completely and inform the instructor. The Pilates Programme of exercises should only be undertaken when in the Pilates Class or when I have been given specific instructions to exercise on my own.

There exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise. I acknowledge that every effort will be made to minimise these risks, by the Pilates Health Assessment Process undertaken by my assessor, and by observation during the Pilates classes.

It is advisable to inform your GP prior to starting any new form of physical exercise. Please advise the teacher before commencing any session if, for any reason your health or ability to exercise changes.

These sessions are not a substitute for medical advice or treatment. If you have any doubts about the suitability of the exercises you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class

This information is protected in accordance with the Data Protection Act 1984.

Client Signature: ....

Date: ....

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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