

PILATES ON TAY



PRE-NATAL CLIENT FORM

Name	Date of Birth
Address (including postcode)	Telephone numbers/email Home Work/Mobile Email
Doctor's Name	Doctor's Address (including postcode)

NB: All information given on this form will be kept in the strictest confidence

What type of delivery do you wish to have?

- Vaginal Caesarean

Have you been given permission by your doctor to exercise?

- Yes No

We require a note from your doctor/midwife or consultant to say that he/she is happy for you to follow this form of exercise programme. We will be happy to contact your health care professional with your permission and discuss our exercise objectives with them to support you during your pregnancy. If you have never done Pilates before we will require a note and we will delay the start of your exercise programme with us until after the 14 week period.

Have you suffered from miscarriage in the past?

- Yes No

Are you currently under the care of?

- An Obstetric Physiotherapist A Physiotherapist An Osteopath
 A Well Woman clinic Other (please state)

How is your pregnancy progressing?

Please may we have your permission to contact your health professional should we need to?

- Yes No

Are there any conditions that we need to be aware of?

- | | | |
|---|--|--|
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> History of Pre-eclampsia |
| <input type="checkbox"/> Back ache | <input type="checkbox"/> Oedema | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Blood sugar irregularities | <input type="checkbox"/> History ectopic pregnancy | <input type="checkbox"/> Morning Sickness |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other | <input type="checkbox"/> History of Diabetes/history of pregnancy related diabetes |

Please specify

Should any of the above symptoms arise during pregnancy, please inform us immediately

- Yes, I have read and understood this request**

How many weeks' pregnant are you? _____

Are you exercising during your pregnancy?

- Yes No

If yes, please specify

Contra-indications to Exercise in Pregnancy

The following is a list of contra-indications for exercise. Please inform your teacher if at any time prior to your session, or any future sessions, that you experience any of these symptoms.

- Bleeding during pregnancy
- 2 or more miscarriages
- High blood pressure
- Diabetes
- Epilepsy
- If you are unwell
- If you exhibit a high temperature
- If you are emotionally distressed
- If you are in physical pain
- If your body temperature is unnecessarily high
- If exercise that you do or have done releases a burning sensation i.e., the release of lactic acid
- If you are experiencing a headache
- If you are experiencing blurred vision
- If you are experiencing Braxton Hicks contractions
- If you are experiencing first stage labour
- If you are hypermobile
- If you have a compromised cervix

Should any of the above symptoms have arisen for you or arise during pregnancy, please inform us immediately.

Yes, I have read and understood this request

Please note.

It is essential for you to keep hydrated during exercise sessions. Please always make sure that you will have a bottle of water with you.

I, the undersigned, have filled in the form to the best of my knowledge

Print Name

Signature

Teacher's Signature
