



Post-natal Pilates screening questionnaire

Name:

Phone:

DOB:

Email:

Emergency Contact Name & Number:

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Please read carefully and answer the following questions. Please note it is important to disclose all health information as this may influence your participation in physical activity.

1. How many weeks post-partum are you?
  
2. Have you had a post-natal check up with your maternity lead provider?
  
3. What type of delivery did you have?
  
4. Did you have any complications during pregnancy or labour? If so, please explain
  
5. Have you had any of the following complications post-partum?

Rectus diastasis	<input type="checkbox"/>
Pelvic organ Prolapse	<input type="checkbox"/>
Preeclampsia	<input type="checkbox"/>
Pelvic girdle pain	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
  
6. Are you taking any medication? If so, please specify

7. Did you exercise during your pregnancy and have you returned to any exercise to date? If so, type and frequency
  
8. Have you had any previous experience with Pilates?
  
9. Do you have any health conditions?
  
10. Do you have any current or old injuries?
  
11. Is your maternity lead provider aware of you attending post-natal Pilates?
  
12. How did you hear about this Mums & Bubs Pilates class?

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*Consent to participate in Mums & Bubs Pilates class.*

I, \_\_\_\_\_ (print name) have discussed my plans to participate in this Post-natal Pilates class with my maternity lead provider and I have obtained his/her approval to begin participation.

PATIENTS SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF MATERNITY LEAD PROVIDER

\_\_\_\_\_

MATERNITY LEAD PROVIDER'S

COMMENTS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

MATERNITY LEAD PROVIDER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

*This form must be completed and returned prior to attending the class. You can either drop the form in or email it to us. If you haven't attended a Pre-natal Pilates class with Back in Motion, you need to book a 20-30minute assessment with one of our Pilates instructors/Physiotherapists prior to joining this class.*

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*Phone: 03 453 0523*