



Pre-natal Pilates screening questionnaire

Name:

Phone:

DOB:

Email:

Due date:

Emergency Contact Name and 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. Is your maternity lead provider aware of you attending pre-natal Pilates?
2. Have you had any complications with your pregnancy or previous pregnancies? If so, please explain.
3. How many previous pregnancies have you had?
4. Have you experienced miscarriage in earlier pregnancies?
5. Do you have any health conditions?
6. Are you taking any medications? If so, please specify
7. Do you have any current or old injuries?

8. Have you experienced back/pelvic pain previously or during your pregnancy?

9. Have you had any previous experience with Pilates?

10. What are you currently doing for exercise? Type and frequency

11. What are your goals for joining pre-natal Pilates?

12. How did you hear about this pre-natal Pilates class?

13. Please circle if any of the following apply to you:

- Ruptured membranes, premature labour
- Persistent second or third trimester bleeding/ placenta previa
- Pregnancy-induced hypertension or pre-eclampsia
- Incompetent cervix
- Evidence of intrauterine growth restriction
- High-order pregnancy (e.g., triplets)
- Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder

14. Please circle if any of the following apply to you:

- History of spontaneous abortion or premature labour in previous pregnancies
  - Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)
  - Anaemia or iron deficiency? (Hb < 100 g/L)
  - Malnutrition or eating disorder (anorexia, bulimia)
  - Twin pregnancy after 28th week
  - Other significant medical condition, please specify:
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*Consent to participate in Pre-natal Pilates class.*

I, \_\_\_\_\_ (print name) have discussed my plans to participate in Pre-natal Pilates during my current pregnancy 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: \_\_\_\_\_

*It is a requirement to complete and return the signed form prior to your pre-natal screen. You will need a 20-30minute appointment with one of our Pilates instructors/Physiotherapists at the clinic before attending a class. You can either drop the form in or email it to us.*

*Address: 171 Eglinton Road, Mornington, Dunedin*

*Email: mornington@backinmotion.co.nz*

*Phone: 03 453 0523*