



Pregnancy Supplementary Enrolment Form

All information will be treated in the strictest confidence.

*Please note that the standard **Client Enrolment Form** should be completed in addition to this form.*

Personal Details:

Name:	
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Emergency Contact Details: *(only complete if these details have changed)*

Name:		
Telephone No.	Home:	
	Mobile:	

Health Screening:

Please tick the boxes for any of the following if they apply to you and provide details.

1. Is this your first pregnancy?
2. What date is your baby due? _____ / _____ / _____
3. Did you conceive naturally?
4. Have you ever suffered a miscarriage?
5. Have you experienced any particular issues associated with pregnancy?
6. Do you often get headaches, feel faint or dizzy?
7. Are you currently taking any drugs or medication?
8. Is Your Blood Pressure? High Normal Low

Please give relevant details to the above questions in confidence:

9. Please confirm that you have checked with your GP/midwife as to your ability to do Pilates throughout your pregnancy



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Confirmation:

It is strongly recommend that you check with your GP/midwife as to your ability to do Pilates during your pregnancy.

Please note that during your pregnancy, your body will change. It is advisable to check regularly with your midwife if it is suitable for you to continue to exercise. Please advise the teacher at the start of the session if, for any reason, your ability has changed to exercise has changed.

Exercise should be performed at a pace that feels comfortable for you. **Pain** is the body's warning system and **should not be ignored**. You should discontinue exercise if you feel extreme nausea, chest pain, shortness of breath, palpitations, rapid heart rate, dizziness, vaginal fluid or blood loss, faintness or physical pain.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about suitability of the exercises, you should refer back to your medical practitioner. The teacher cannot accept liability for personal injury related to participation in a session if:

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

If you take any emergency medication (e.g. asthma inhaler, angina spray, EpiPen etc.) please ensure that you bring them to all lessons/classes.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teacher to work in this way. Please note the instructor operates a discretionary 24-hour notice cancellation policy for private lessons.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed.....

Date.....