



# HI PILATES POSTNATAL QUESTIONNAIRE

## STEPS TO COMPLETE THIS FORM

- CONSULT YOUR FAMILY DOCTOR OR GENERAL PRACTITIONER IF YOU'RE FIT TO EXERCISE
- INPUT ALL DETAILS REQUIRED ON THIS FORM PRIOR TO YOUR POSTNATAL WORKOUT.
- SEND THE COMPLETED QUESTIONNAIRE TO YOUR LOCAL STUDIO OR VIA EMAIL PRIOR TO YOUR SCHEDULED APPOINTMENT.

FULL NAME

BABY'S NAME

ADDRESS LINE 1

BABY'S DATE OF BIRTH

ADDRESS LINE 1

TYPE OF DELIVERY (SELECT ONE)

VAGINAL  CESAREAN

SUBURB

DATE OF YOUR POST NATAL CHECK UP

STATE

DO YOU HAVE MEDICAL CLEARANCE TO EXERCISE?

YES  NO

POST CODE

ARE YOU BREASTFEEDING?

YES  NO

PHONE NUMBER

DO YOU HAVE ANY PAIN IN YOUR BACK OR JOINTS?

YES  NO

EMAIL ADDRESS

DO YOU SUFFER FROM A WEAK PELVIC FLOOR?

YES  NO



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## BRIEFLY INPUT DETAILS OF YOUR PRIOR AND CURRENT EXERCISE HABITS

KINDLY INFORM US BY MARKING THE WHITE BOX IF THE CLIENT HAS THE FOLLOWING ABSOLUTE CONTRAINDICATIONS TO EXERCISE DURING THEIR PREGNANCY.

### A. EXERCISE HABITS PRIOR TO PREGNANCY

### B. CURRENT EXERCISE HABITS

### DID YOU EXPERIENCE ANY OF THE FOLLOWING CONDITIONS (SELECT ALL THAT APPLY)

SYMPHYSIS PUBIS DYSFUNCTION (PAIN IN THE CENTRAL PUBIC AREA)

CARPAL TUNNEL SYNDROME (WRIST/FINGER/HAND FOREARM PAIN/ NUMBNESS OR TINGLING)

UPPER BACK/NECK/SHOULDER PAIN

INCONTINENCE (URINAL OR FAECAL)

PILES, HAEMORRHOIDS, VARICOSE VEINS OR CONSTIPATION

GESTATIONAL DIABETES

JOINT PAIN AND/OR MUSCLE PAIN

SACRUM OR SACROILIAC JOINT PAIN (PAIN IN THE VERY LOW MID-BACK TO THE TOP OF BUTTOCKS)

KNEE PAIN (SIDE, FRONT OR BACK)

COCCYX DAMAGE OR PAIN

PROLAPSE (UTERINE, BLADDER, RECTUM OR VAGINAL)

EPISIOTOMY CUT, PAINFUL PERINEUM OR TEARS (DEGREE IF KNOWN)

C- SECTION WOUND DISCOMFORT, SLOW HEALING OR ONGOING NUMBNESS

BUTTOCK/PIRIFORMIS PAIN/SCIATICA

BLEEDING DURING OR AFTER EXERCISE OR ANY UNEXPLAINED BLEEDING

HISTORY/CURRENT EPISODES OF HIGH OR LOW BLOOD PRESSURE, FAINTNESS, DIZZINESS OR BREATHLESSNESS

SEPARATION OF YOUR ABDOMINAL MUSCLES

BREAST HEALTH, BREAST FEEDING ISSUES, MASTITIS

NERVE DAMAGE DURING BIRTHING (PUDENDAL)

ANAEMIA OR TAKING IRON MEDICATION

OTHER: PLEASE NOTIFY US VIA EMAIL



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I,

THE UNDERSIGNED ACKNOWLEDGES THAT:

- THE EXERCISE PROGRAM HAS BEEN SPECIFICALLY CUSTOMISED FOR POSTNATAL WOMEN.
- IN NORMAL CIRCUMSTANCES, THE PROGRAM SHOULD NOT HARM ME OR MY BABY.
- I SHALL DISCLOSE ANY MEDICAL OR PREGNANCY-RELATED CHANGES TO THE INSTRUCTOR BEFORE COMMENCING ANY SESSION.
- HI PILATES WILL NOT BE LIABLE IN ANY WAY FOR UNFORESEEN CIRCUMSTANCES OF WHICH I SHOULD'VE BEEN AWARE BUT FAILED TO DISCLOSE TO THEM.
- I HAVE READ THE ABOVE STATEMENT AND AGREE TO BE BOUND BY ITS TERMS AND TO RELEASE HI PILATES FROM ALL CLAIMS.

DATE

SIGNATURE