



**Pre or Post Natal Pilates Booking Form**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Exercise/ Hobbies: \_\_\_\_\_

\_\_\_\_\_

**Class you wish to attend (circle as appropriate)**

- Prenatal Pilates
- Postnatal Pilates (post 6 week check-up or 12 weeks after c-section)

*The following information helps us modify exercises for you to ensure your safety during the class:*

**If pregnant,**

- Number of weeks pregnant: \_\_\_\_\_
- Are there any complications associated with your pregnancy? \_\_\_\_\_  
\_\_\_\_\_
- Are you expecting twins? \_\_\_\_\_

**If post-partum,**

- Number of weeks post-partum? \_\_\_\_\_
- Natural delivery or caesarean? \_\_\_\_\_

Do you experience aches and pains? If yes please indicate where and how often:

Currently: \_\_\_\_\_

Previously: \_\_\_\_\_



Have you done Pilates before? If yes please outline how many classes you went to and the level of Pilates the classes were at e.g. beginner, intermediate? \_\_\_\_\_

\_\_\_\_\_

Do you have any injuries, stiffness, illness, conditions that are relevant? Please describe them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have outlined above any medical information I feel relevant to help the Pilates instructor guide me through exercises suitable for me*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: If you are pregnant or post-partum, have had major surgery in the last 12 months (including caesarean section), have burning, numbness or tingling pains, dizzy spells, tightness in the chest or severe osteoporosis a letter from a Doctor is required before beginning a Pilates class.**