Advocating. Elevating. Connecting.

Pilates Association Australia

Post-Natal Health Screening Questionnaire

- To be used in addition to other health screening questionnaires

Client Name: _____

PREGNANCY DETAILS

Date of Delivery? _____Vaginal or Caesarean delivery? _____

Any difficulties during the birth? YES/NO

Please specify: _____

_____

_____

If C-section, any issues with scar/incision healing? YES/NO

Please specify: _____

_____

Have you had your 6 - 8 week post-natal check up? YES/NO

Have you received permission from your GP/OB to recommence exercise? YES/NO

Any postnatal conditions eg: pelvic floor weakness, bladder control, sacroiliac stiffness or pain, lower back pain, abdominal separation (Diastasis recti) or any other pain or weaknesses?_____

_____

_____

_____

Any other relevant information:_____

_____

_____

PLEASE NOTE THAT THIS INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Signed:_____Date:_____