Advocating. Elevating. Connecting.

Pilates Association Australia

Pregnancy Health Screening Questionnaire

- To be used in addition to other health screening questionnaires

Client Name: _____

WARNING: If at any stage during or between classes you experience any unusual symptoms (eg: bleeding, abdominal pain, dizziness, shortness of breath or faintness) please advise your instructor immediately and cease exercising until the issue has been satisfactorily resolved.

PREGNANCY DETAILS

When is your anticipated due date? _____

Are you scheduled for a Caesarean? YES/NO

Do you have any pregnancy related medical conditions or pain/discomfort?

_____

_____

_____

What exercise have you been doing prior and during your pregnancy?

_____

_____

Have you received clearance from your Obstetrician/GP to exercise? YES/NO

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

SIGNED:_____DATE:_____