



Pregnancy & Postnatal Pilates at Pure Moves

Name:	
Due date:	Your birth date:
Occupation:	Emergency contact name:
Emergency contact #:	Relationship:

Congratulations! We are so excited to be working with you throughout your pregnancy journey and thank you for entrusting Pure Moves during this special time.

Your safety is of utmost importance to us and as such, we require you to undertake at least **1 private session prior to continuing your regular group classes and then 1 each trimester after that** (even if you have been attending regularly before falling pregnant) so that we can assess your body, suggest appropriate classes and teach you specialised pregnancy modifications.

- **Prenatal Private Pack \$199 – 3 x 45 minute privates to be used at the start of each trimester as your body changes**

Please complete the below lists of pregnancy and medical history. Answers are kept strictly confidential and the information is required so we can ensure we can offer the highest quality of service to you.

**PREGNANCY & EXERCISE INFORMATION:**

Have you practiced pilates/barre before? Yes / No

If yes, for how long? \_\_\_\_\_

What type of pilates / barre have you practised? \_\_\_\_\_

Do you currently do any other form of exercise: Walking/Yoga/Gym/Other?

\_\_\_\_\_

What are your goals in coming to Pure Moves? \_\_\_\_\_

\_\_\_\_\_

How many weeks pregnant are you? \_\_\_\_\_

Have you used any Fertility Treatment (IVF)? Yes / No

Is this your first pregnancy? Yes / No

If no, when was your last pregnancy and were there any complications? (e.g. have you had any miscarriages, cervix issues etc?) Please specify:

\_\_\_\_\_

\_\_\_\_\_

Were your previous deliveries vaginal / caesarean (please circle)

Did you / do you have diastasis recti (abdominal separation)? Yes / No

Did you have any issues relating to pelvic instabilities and / or pain either whilst pregnant or in the past?

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Please list any medication you are taking:

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### MEDICAL HISTORY

Please note should you have any ruptured membranes, bleeding or intense pain you must stop exercising immediately.

Should any of the conditions listed below apply, you are required to check with your Obstetrician to ensure safety prior to starting an exercise programme.

Please tick if you have any of the following:

<input type="checkbox"/>	Ruptured membranes
<input type="checkbox"/>	Diagnosed incompetent cervix (cervix softer and more open than normal, outside of 'safe range of length')
<input type="checkbox"/>	Venous thrombosis or pulmonary embolism (clots to legs or lungs)
<input type="checkbox"/>	Known cardiac valve disease
<input type="checkbox"/>	History of premature labour
<input type="checkbox"/>	Pregnancy induced high blood pressure / hypertension
<input type="checkbox"/>	History of 2 or more spontaneous miscarriages
<input type="checkbox"/>	History of high blood pressure/hypertension or fluid retention
<input type="checkbox"/>	Diagnosed multiple pregnancies (e.g. twins)
<input type="checkbox"/>	Placenta Praevia (portion of placenta sits over cervix making it vulnerable to detachment)
<input type="checkbox"/>	Heart murmurs
<input type="checkbox"/>	3rd Trimester; if baby is in breech position
<input type="checkbox"/>	History of bleeding during pregnancy
	Please list any other indications (not listed above) about your health that would impact your exercises with us:



**WAIVER**

**Please note: Your participation in Pure Moves classes whilst pregnant or postnatal assumes that you have received medical clearance from your doctor.**

I understand that I agree to participate as a pregnant or post-natal client in Pure Moves' classes at my own risk. I understand that there are potential risks involved in any exercise activities, and that I could experience physical problems during the exercise program, including abnormal blood pressure, fainting, heartbeat disorders and, in rare instances, heart attack. I also understand that I could experience muscle, back, or bone injuries during exercise. I acknowledge that, prior to the commencement of these classes I must disclose any health conditions and obtain clearance from my doctor for those conditions. I release Pure Moves from any liability if I experience any physical problems as a participant in their sessions and I waive any right, actual or presumed, to bring a cause of action against Pure Moves if I have any physical problems (injuries, illness, or other complaint) as a participant.

I've been informed that I must have a doctor's approval to participate in classes at Pure Moves whilst pregnant and/or postnatal. I also understand that if I experience changes in my health during this period I must advise Pure Moves as soon as possible and provide another physician approval if requested. I accept complete responsibility for my health and well being in Pure Moves' sessions and understand that no responsibility or liability is assumed by the instructor or by Pure Moves.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_