

# HELEN RACKOWE PILATES

Prenatal Health record

## PERSONAL RECORD

Name \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Telephone/Mobile \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Name/ Tel No of your GP \_\_\_\_\_

Occupation \_\_\_\_\_

Hobbies

\_\_\_\_\_

Have you done pilates before? (please give details)

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\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for taking up Pilates?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer to the best of your ability. Tick if any apply. If you tick any give details *	Y/N		Y/N
Limited joint movement		Asthma or Allergies	
Osteoporosis		Diabetes	
Abdominal Surgery		Chest pain (esp. when exercising)	
Heart Disease		High/Low blood pressure	
Cardiovascular problems		Dizziness/fainting	
Back pain		Arthritis	
Rheumatism		Sciatica	
Knee/joint problems or surgery		Anxiety Attacks	
Anaemia		Severe headaches	

\* \_\_\_\_\_  
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Is this your first pregnancy? If not please give details of other pregnancies and the time period since you last gave birth.  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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During pregnancy have you suffered from any pregnancy related conditions such as Pubic Symphysis Dysfunction, Supine Hypotensive Syndrome or Diastasis Rectii?  
 (Please ask if you aren't sure what these are)  
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 \_\_\_\_\_  
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Have you ever suffered a miscarriage? If so please state at which stage during the pregnancy.  
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Have you had any general operations or procedures previously that may be relevant?  
(i.e. joint surgery, back /neck problems)

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Are you currently taking any medication?

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Are you currently under the care of a Physiotherapist, Chiropractor or Osteopath?  
(Please give details)

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Do you have any other concerns about your general health that be relevant in any way  
to your ability to exercise?

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## GENERAL ADVICE FOR MY CLASSES

### When should I not exercise?

If you have any of the symptoms below or are unsure whether to exercise or not,  
please consult your GP, midwife or ante natal clinic and contact me with your decision  
regarding class.

Bleeding or pain (including incompetent cervix and pubic pain)

Dizziness, faintness or shortness of breath

High blood pressure

Sever headaches and swelling

Very anaemic

When you experience Braxton Hicks or labour pains.

### Staying comfortable in class

- Wear cool cotton exercise clothes to prevent yourself over heating
- Tell your teacher immediately if you experience pain or feel unwell
- Bring a bottle of water to sip to prevent dehydration

**Please read carefully. If you do not understand anything, please ask before you sign.**

- I understand that STOTT Pilates exercises involve hands-on correction and I consent for my teachers to work in this way.
- Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.
- Please advise the teacher if you arrive to class feeling not your usual self. Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.
- I understand that Helen Rackowe will take all reasonable precautions to ensure these sessions are safe. I acknowledge that any physical activity can involve some risk of injury. I assume any such risk and accept responsibility for any injury sustained and discharge Helen Rackowe Pilates from any liability arising from any injury to myself.

Signed: \_\_\_\_\_

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

How did you hear about **Helen Rackowe Pilates**?

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**THANK YOU**