|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Due Date |  | Planned place of birth |  |

**About You**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency contact name: | | |  | | | Tel: | |  |
| GP Details: | Name: |  | | | Address: | |  | |
| Name of Midwife/Obstetrician: | | | |  | | | | |
| Midwife practice: | | | |  | | | | |

Were you referred here by a medical/health practitioner?

**Medical Information:**

How many weeks pregnant are you?       weeks

Do you have other children? If yes, ages?

Have you had any complications with your pregnancy? If yes please give details

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Have you ever had an episode of low back pain?

If yes approximately how many previous episodes of low back pain have you had?

Have you had recent injuries or surgery? (Yes/No) If yes please give details:

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|  |

Are you having twins?

Are you currently experiencing or ever have been diagnosed with any of the following. Please click checkbox:

|  |  |  |
| --- | --- | --- |
| Back pain | Diabetes | Anaemia |
| Pain at front or back of pelvis | Abnormal vaginal bleeding | Epilepsy (grand mal seizures) |
| Any other muscle or joint conditions | Pre-eclampsia | Abnormal placental function or position |
| High or low blood pressure | Incompetent cervix | History of spontaneous miscarriage |
| Circulatory problems e.g blood clots |  |  |

Please give dates and details of any ticked boxes above:

|  |
| --- |
|  |

Do you smoke?

Are you taking any medication? Please detail:

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Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g. knee injury, caesarean section) that may have some bearing on your yoga or Pilates practice? Please detail:

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|  |

**Lifestyle:**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently working? |  | If so, what is your occupation: |  |

Does your occupation involve any repetitive movements or prolonged postures? If yes please briefly explain

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| --- |
|  |

Please describe your general fitness level and any sports or activities you do

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|  |

**Yoga/Pilates Details:**

Have you practised yoga/pilates before?

|  |  |
| --- | --- |
| Why have you decided to commence yoga/ pilates? |  |
| If yes, what style, when last and how long? |  |

What aspect of your heath would you like to concentrate on?

|  |  |
| --- | --- |
| Core stability | Posture |
| Pelvic Floor Strengthening | Toning |
| Relaxation |  |

What do you hope to gain from your yoga / pilates classes?

|  |
| --- |
|  |

***Please be aware that if any complications or problems do arise during your pregnancy, it's important to let the teacher(s) know either by speaking to them directly or giving them a note at the beginning of each class.***

*As far as I am aware I have disclosed to my teacher all information regarding my health relevant to the practice of pre-natal yoga or pilates during pregnancy and birth and I will keep them informed of any developments at the beginning of each class.*

*I fully understand that the pre-natal programme will be specifically designed as a personal training plan and will take into account details given in my health questionnaire. Therefore this programme of exercise should only be undertaken when in a pre-natal class or when I have been given specific instructions to exercise on my own.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please complete and return this form to [bookings@boco-uk.com](mailto:bookings@boco-uk.com).

*No signature required if returning form by email.*