

Welcome to **Birth & Beyond Pilates**

Name:

Date:

DOB:

Address:

Email:

Phone:

How did you hear about our Birth & Beyond?

Do you have any injuries, aches or pains? (recent or old) Please describe them.

Are there any other health concerns? e.g. pregnancy (how many weeks), asthma, diabetes, high blood pressure, medications...

Are you presently doing other kinds of therapy? e.g. massage, physio, chiropractic...

Are you or were you active in any sports, exercise programs, physical activity? Please describe.

Have you had any past training in the pilates method of movement? If yes, where?

What is your occupation? What does your typical day involve physically? e.g. desk job, lifting

What are your goals? What do you want most from this program?

PREGNANT/POST NATAL Participants Only

Number of children and ages:

If postnatal what is the birth history of your child? e.g. vaginal, Caesaren

Any pelvic floor issues during or after pregnancy? If yes, please describe.

Did you have a rectus diastasis (a separation of the abdominl muscles)? If yes what was the size of the separation?

Thank you!