**POST NATAL Miracles2Mums Pilates**

**By Belper Rehab Physio & Pilates Studio**

**Course Application Form**

**Applicant Information:**

|  |  |  |
| --- | --- | --- |
| Mrs/Miss/Ms | Name: | DoB: |
| Address |  | |
|  |  | |
| Post Code |  | |
| Email |  | |
| Tel No. | Home: | |
|  | Mobile: | |
| GP Name/Surgery |  | |
| Midwife Name/Surgery |  | |
| Consultant Name/Hospital |  | |

**Medical Information: Antenatal/Post Natal Screening:**

|  |  |
| --- | --- |
| How many weeks post natal are you? |  |
| Did you have multiple births? | Yes/No  If yes how many babies? |
| What type of delivery did you have? | e.g. assisted forceps/ventouse, c-section, natural. |
| Where there any complications? | e.g. Blood loss, Infection. |
| Did you require stitches? | e.g. episiotomy, tears (grade if known) |
| Have you have any previous births? | Yes/No  If yes how many children do you have?  Did you have natural/assisted births? |
| Are you currently breastfeeding? | Yes/No |
| Do you currently have any pain associated with pregnancy/birth? | e.g. Pelvic girdle pain, sciatica, back/neck pain, pubic symphysis dysfunction. |
| Do you have diastasis recti (separation of your abdominal muscles? | Yes – If known how many cms?\_\_\_\_\_\_\_  No  Unknown |
| Do you suffer with post natal depression? | Yes/No |
| Do you currently have any post partum bleeding? | Yes/No  If Yes is it: Heavy Moderate Light |
| Are you currently taking any medications? | Yes/No  If Yes please list: |

**General Medical Information:**

|  |  |
| --- | --- |
| Do you suffer with any health conditions? | Yes/No  If Yes please list: |
| Do you have a latex allergy? | Yes/No |
| 1. Do you have a history of any musculoskeletal pain/problems? 2. If Yes have you had any treatment or advice for these issues | Yes/No  If Yes please list:  Yes/No |
| Do you suffer with any stress incontinence? | Yes/No |
| Can you get on/off the floor without assistance? | Yes/No |
| Can you comfortably lie/achieve these positions: | Back Yes/No  Front Yes/No  Left side Yes/No  Right side Yes/No  Kneeling Yes/No  On all fours Yes/No |
| How much exercise did you do per week: | 1. Pre-pregnancy:   \_\_\_\_\_times per week  Exercise type: |
| 1. During pregnancy:   \_\_\_\_\_times per week  Exercise type: |
| 1. Now   \_\_\_\_\_times per week  Exercise type: |
| Please state your pre and post pregnancy weight | Pre:\_\_\_\_\_\_\_\_\_  Post:\_\_\_\_\_\_\_\_ |
| Do you have health clearance from your GP/Midwife/Consultant/Health Visitor to exercise? | Yes  No |

**Declaration:**

I have completed this questionnaire to the best of my knowledge and accept Belper Pilates Studio cannot be held responsible for any matters arising from incorrect or withheld information. I declare that I am fit to participate in Pilates and I have passed all my post natal checks to allow me to safely participate. I will inform Belper Pilates Studio in the event of any changes in my medical conditions or status and I will inform the instructor immediately in class if I feel unwell or experience any pain or difficulties. I understand that if I choose to bring my baby to the class I have full responsibility for the care and supervision of my baby. I understand the classes are not designed to include babies in any of the exercises and I shall not lift or hold my baby whilst exercising and will ensure they are safe throughout the session.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Booking Information and Policy**

All of our Pilates Courses that are pre-paid in advance are non-refundable under any circumstances. The pre-payment represents your commitment to all the sessions inclusive of the dates given for that block. These payments are not transferrable to any other course or session. Under circumstances of staff illness or cancellations on our part due to unforeseen circumstances such as weather we will offer an alternative date to replace the missed session, no refunds will be issued. We ask that payment for courses be sent no later than a week before the start date. Payment secures your place and we will not hold a place without payment. I have read and understood this **PLEASE TICK ○**

**Consent & Data Protection**

**Please Complete the Statements below**

Here at Belper Life-Fitness & Performance Physiotherapy and Belper Pilates Studio we take your privacy very seriously and we only use your personal information to provide the services you have requested from us. We do not share your information with any other parties in relation to your health unless you have given us your consent to do so. You have the right to withdraw your consent at any time regarding the below statements.

1. Would you like to receive text message appointment reminders **YES NO**
2. Please tick how you are happy to be contacted by us (Please Tick)

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| TEXT |  |  |
| PHONE |  |  |
| EMAIL |  |  |
| POST |  |  |
| FACEBOOK |  |  |

1. Can we leave voicemails on the phone numbers you have provided us (Please Tick)

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| MOBILE |  |  |
| HOME |  |  |
| WORK |  |  |

1. Would you like to receive our monthly Pilates Timetable via email (This will let you know of any class changes, cancellations (due to illness, weather, or holidays) and future courses. You can unsubscribe anytime) **YES NO**
2. Approximately 3-4 times per year we send Clinic News or promotional offers via email (such as discounts, vouchers, special occasion offers, open days, free taster sessions). Please Tick if you would like to receive this (you can unsubscribe anytime). See privacy policies for us and MailChimp as required. **YES NO**
3. Can we email you exercise programs relating to your Physiotherapy Treatment or Pilates Teaching **YES NO**

(These are via Rehab My Patient, visit their website to view their privacy policy)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow us on Facebook: <https://www.facebook.com/miracles2mumspilates>

LIKE our page Belper Pilates Studio or add yourself as a friend to Belper Rehab Physiotherapy

SPECIAL OFFER: All new mums can receive 5 sessions of treatment at 20% off at our clinic. We offer Physiotherapy, Massage (Deep tissue, Sports, or Relaxation), Acupuncture, Reflexology, 1-2-1 or couples Pilates, Thai Head Massage, Personal Training.