**ANTENATAL Miracles2Mums Pilates**

**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: | |
| Emergency Contact | Name: | |
|  | Tel: | |
| GP Name/Surgery |  | |
| Midwife Name/Contact no. |  | |
| Consultant Name/Hospital |  | |

|  |  |
| --- | --- |
| Occupation |  |
| Approximate no. of hours worked per week. |  |
| If you are working, when will you stop/go on maternity leave? |  |
| If you are working, when will you stop/go on maternity leave? |  |
| How many weeks pregnant will you be when you start Pregnancy Pilates?\* |  |
| Expected Delivery Date\* |  |
| Have you done Pilates before? Please provide details.\* |  |

* How did you hear about Belper Pilates Studio Pilates classes?

e.g. Facebook, Twitter, flyer, NCT, friend, Local News, Spotlight, Netmums, internet search etc?

**Medical Screening**

1) Do you have or have you ever had a known heart condition e.g. previous heart attack, stroke, abnormal ECG, palpitations, murmurs?\*

Yes No

2) Is there a history of heart conditions in your family?\*

Yes No

3) Do you ever feel pain in your chest when you exercise or do physical activity?\*

Yes No

4) Do you ever feel pain in your chest when you are not exercising or not doing physical activity?\*

Yes No

5) Do you ever feel pain in your chest when you are not exercising or not doing physical activity?\*

Yes No

6) Do you have, or have you ever had a bone or joint condition that could be made worse by exercise or that could prevent you from exercising? \*

Yes No

7) Are you currently taking any prescribed medication?\*

Yes No

If yes please enter detail of your medication:

8) Do you know of any other condition that might be reason for you not to exercise?\*

Yes No

9) Do you have any other medical conditions not mentioned (e.g. Asthma, Diabetes, Arthritis, Gout, Epilepsy, Hernia, Dizziness, Circulation problems, Ulcer)?\*

Yes No

10) Do you have, or have you ever had high blood pressure? \*

Yes No

11) Do you have an injury or illness that could be made worse by exercise?

Yes No

12) Do you ever experience pain in any of the following areas: neck, shoulders, arms, wrists, ankles or knees?

Yes No

13) Do you have a latex allergy? Yes/No

**First Time Mums**

If this is your first baby, please complete the following questions.

13a) Have you experienced any problems during your pregnancy?

Yes No

13b) Are you experiencing any minor/major complications during this pregnancy?

Yes No

If you answered YES to any of the above in this section, please state the question reference number and the details below:

**Past Pregnancies (If applicable)**

14a) Did you have a natural or surgical birth?

Natural

C-Section

14b) Did you ever experienced any problems during your previous pregnancy/ies?

Yes No

14c) Did you ever experienced any minor/major complications during previous pregnancy/ies?

Yes No

If you answered YES to any of the above in this section, please state the question reference number and the details below:

**Exercise History**

15) Are you participating in any form of exercise or physical activity at the moment?

Yes No

If you answered YES to the above question. Please outline what you are doing? How many times a week and for how long do you do this activity or activities? On a scale of 1-10, how intensive is the activity?

16) Did you participate in any form of exercise before you were pregnant?

Yes No

If you answered YES to the above question. Please outline what you are doing? How many times a week and for how long do you do this activity or activities? On a scale of 1-10, how intensive is the activity?

Top of Form***If you have answered “YES” to any questions 1-14 relating to “Health History”, you will need to check with your medical professional before commencing any exercise.  Please email or post your Application Form as soon as possible and we will then send a letter direct to your Doctor.  To fast track this process, you can download a Doctor's Consent Form yourself (found on our website , take it along to your Doctor the next time you see them, and have them sign it and return to Belper Pilates Studio.***

**Informed Consent**

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with Belper Pilates Studio staff, my Doctor and/or Midwife. I understand that any exercise program has certain risks. I understand that the degrees of risk depend on my health and physical fitness. I am voluntarily participating in the activities of Belper Pilates Studio antenatal fitness classes, and will immediately discontinue any activity if I feel any symptoms of distress or discomfort, and will notify my instructor. I understand and acknowledge that the instructors of Belper Pilates Studio are not Medical Practitioners and therefore cannot diagnose or treat individual health or medical problems. All such questions and concerns should be directed to my own Doctor and/or Midwife and I agree to do so. I have read and understood **PLEASE TICK ○**

**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 ○**

Signed…………………………………………………………………………………

Print……………………………………………………………………………………

Date…………………………………………………………………………………..

**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 Life-Fitness 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.