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Pregnancy Pilates Class Screening

Name: _____ DOB ____/____/____

Next of Kin: _____ Phone _____

Are you: Pre-natal – how many weeks? _____

Post-natal –how old is your bub(s)? _____

Do you have any pre-existing injuries or medical conditions? Yes No

If yes, please give details: _____

Do you take any medication? Yes No Details _____

Please answer with regards to THIS pregnancy. Have you experienced any:

High blood pressure

Headaches

Pre-Eclampsia

Back Pain

Gestational Diabetes

Pelvic pain

Bleeding

Incontinence

Pelvic instability

Shortness of Breath

Tingling in hands

Diastasis of stomach

Please answer the following questions with regards to ANY PREVIOUS pregnancies.

How many previous pregnancies have you had? _____

How many babies / deliveries have you had? _____

Birth complications

Diastasis of stomach

Caeserian delivery

Episiotomy

Grade 2+ tearing

Miscarriage

Any other comments? _____

Is your doctor or obstetrician happy for you to exercise? Yes No Unsure

If you have any concerns regarding exercise and your pregnancy, please speak to your doctor prior to attending your first class. Otherwise, if you have any specific questions, please email our physiotherapists on viva@vivaphysio.com.

Please sign to say that you understand that you are participating in group exercise and so if is your responsibility to inform the physiotherapist if you have any concerns or discomfort during your class.

Signed: _____ **Date** ____/____/____

Real-Time Ultrasound Authority for <22 weeks Pregnant

I give authority for my physiotherapist to use real-time ultrasound to assess the activation of my pelvic floor.

Signed: _____ **Date** ____/____/____

* Please feel free to ask your physiotherapists any questions you may have about the use of RTUS in pregnancy.

