



Pilates by Physiotherapy

Align your Body and Mind

Pilates in pregnancy Registration form 1



General Client Details	Assessed by:
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Title:	Name:	Date of Birth:
Address		
Post Code:		
Telephone: Home	Mobile:	
Email:	Gender:	
GP name and Address:		
Obstetrician Name and Address:		
Were you referred here by a medical/health practitioner? If not, please say how you heard of us:		

Pilates Aims

Why have you decided to start Pilates?		
What aspects of your health would you like to concentrate on?		
Core stability	Flexibility	Posture
Strength	Stress management	Relaxation
What are the three main aims you are hoping to achieve with Pilates?		
1.		
2.		
3.		

Lifestyle

Are you currently working? If so what is your occupation?
Does your occupation involve any repetitive movements or prolonged posture? If so, please briefly explain.
Are you involved in any other sports and/or hobbies? If so please briefly outline.