

pause

PRENATAL YOGALATES™

Confidential Client Information Form – Pre-exercise Questionnaire

Name:		DOB:	(optional)
Phone: home)	work)	mob)	
Next of Kin contact name & ph:			
Email:			
Address:			
Occupation (list any physical duties):			
Previous Yoga or Pilates Experience?			
Other sports/exercises involved in:			
What do you hope to achieve from attending Prenatal Yogalates?			
<i>Please tick if you have/experienced any of the following conditions:</i>			
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/>
<input type="checkbox"/> Heart Condition	<input type="checkbox"/>	<input type="checkbox"/> Respiratory disorders (eg asthma)	<input type="checkbox"/>
<input type="checkbox"/> Thyroid Condition	<input type="checkbox"/>	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Varicose Veins or DVT	<input type="checkbox"/>	<input type="checkbox"/> Vaginal bleeding or fluid loss	<input type="checkbox"/>
<input type="checkbox"/> Placenta Previa	<input type="checkbox"/>	<input type="checkbox"/> Previous miscarriage or premature labour	<input type="checkbox"/>
<input type="checkbox"/> Multiple pregnancy	<input type="checkbox"/>	<input type="checkbox"/> Breech or Posterior facing baby	<input type="checkbox"/>
<input type="checkbox"/> Recent Surgery/illness	<input type="checkbox"/>	<input type="checkbox"/> Anxiety	<input type="checkbox"/>
<input type="checkbox"/> Arthritis	<input type="checkbox"/>	<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/>
<input type="checkbox"/> Hernia	<input type="checkbox"/>	<input type="checkbox"/> Scoliosis	<input type="checkbox"/>
<input type="checkbox"/> Ankylosing Spondylitis / Spondylolysis	<input type="checkbox"/>	<input type="checkbox"/> Depression	<input type="checkbox"/>
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/> Eye problems	<input type="checkbox"/>
Please list any medical conditions or medications which might interfere with your ability to exercise.			
Do you have any problems with your neck, spine, wrists, knees, or any other joints or muscle conditions? recent broken bones or surgery?			
How did you find out about Yogalates:			
Would you like to be included on emailing list for future classes/workshops/newsletters? Yes / No			
I understand that the instructions given throughout the classes are intended only as a guidance, I therefore take responsibility to adjust my practice to my own limitations to ensure that no personal injury occurs. I hereby declare that I take full responsibility for myself during the classes. I also understand the importance of correct guidance and undertake not to pass or teach any of the Yogalates and other techniques taught in class. <u>If my circumstances change with the conditions listed above I will notify my teacher immediately.</u>			

CLIENTS SIGNATURE _____ DATE _____