



## POST NATAL PILATES SIGN IN FORM

### SECTION I: PERSONAL INFORMATION

First name:	Last Name:
DOB:	Gender:
Address:	
Home phone:	Mobile phone:
Email:	

#### Emergency Contact information

Name:	Phone:
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#### GP information:

Practice Name:	Doctor's Name:
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#### Your child

Baby's name:	Baby's weight:
Expected due date:	Baby's DOB:
Baby's Age:	Type of delivery:

Please give further details if assisted (eg. Forceps):

How long was your second phase of delivery?

Did you have any tearing? If so, to what degree?

Have you had a post-natal checkup? If so, when?

Who was your check up with?

Did they clear you for exercise? If yes, to what extent?

### SECTION II: RISK ASSESSMENT (COMPULSORY)

#### Post Natal Specific questions:

How many children do you have?

Total number of previous pregnancies:

Are you breastfeeding?	Yes	No
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Are you currently exercising?	Yes	No
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If yes, what are you doing?

Do you suffer from weak pelvic floor?	Yes	No
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Are you doing pelvic floor exercises?	Yes	No	Don't know
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Are you experiencing any changes to bladder or bowel behavior?	Yes	No
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Please provide details (eg. frequency, accidental leakage):



Have you ever undergone gynaecological surgery?	Yes	No	
Have you ever injured your pelvic region?	Yes	No	
Do you have a history of low back pain?	Yes	No	
Do you, or have you ever suffered from pelvic pain during or after intercourse?	Yes	No	N/A

**Please check any of the following you may have:**

- Anaemia
- Epilepsy/Seizures
- Chronic bronchitis
- Obesity or underweight (BMI>33 or <18)
- High blood pressure
- Diabetes  
Type:
- Intra-uterine growth retardation (small growth for dates)
- Smoking
- Hyperthyroidism
- Endometriosis
- Polycystic Ovary Syndrome
- Constipation or regular strain

**Please check if you have EVER had a history of the following:**

- Inactive /sedentary lifestyle
- Pre-existing back/ neck/pelvic pain or other injury
- Pre-existing medical conditions
- Gynaecological surgery
- Lifting heavy weights at the gym or work
- Previous or current prolapse

**Please check any you currently experiencing:**

- Pelvic /groin pain
- Neck or shoulder pain
- Wrist pain/pins or needles?
- If yes to any, please provide detail:

**Please check if you experienced any of the following conditions during the pregnancy:**

- Pregnancy induced high blood pressure/ pre-eclampsia
- Cervical incompetence/cervical suture
- Ruptured membranes
- History of premature labour this pregnancy
- History of bleeding during this pregnancy, especially in the 2nd/3rd trimester
- Placenta Praevia (low lying placenta)
- Serious cardiovascular, kidney or respiratory problems
- Multiple gestation (eg twins) at risk of premature labour

**General Health and Wellbeing**

**Please check if you experienced or have been diagnosed with:**

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|--|--|
| Heart Disease/Stroke   | Loss of Balance/Recent falls<br>If yes, when:      |
| Shortness of Breath or Chest Pain<br>If yes, exercise induced: | Cancer<br>If yes, diagnosis:                       |
| Fluid Restriction<br>If yes, water allowed:                    | Infectious diseases<br>If yes, details:            |
| High Cholesterol Level   | Allergies<br>If yes, details:                      |
| Cigarette smoking<br>Number of sticks daily:                   | Any other medical conditions<br>If yes, diagnosis: |



Please list any prescribed medication for medical conditions/injuries you are currently taking:

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Please list any car accidents/ work place injuries with approximate dates:

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Please list any surgeries/ hospitalisations in the last 12 months:

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How did you learn about us?      Flyer      Google      Social media      Word of mouth      Doctor's referral  
Other:

### SECTION III: INFORMED CONSENT

I have read, agreed, understood and will abide by STC's Terms and Conditions

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I have read, agreed and understood the precautions for this class and the information I have provided is correct and to the best of my knowledge

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I am aware of STC's Privacy Policy that can be found on the website

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Name (please type):

Date

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### SECTION III: WAIVER

1. In consideration of participating the "Activity", I agree and acknowledge that I am fully aware that participation in the Activity involve risks and I accept those risks which may occur as a result of participating, even if the risks are created by the Released Party (as defined below) or anyone else.
2. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "Released Party" means STC or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff.
3. I agree and acknowledge that:
  - a. I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances; result in physical injury, serious physical injury or death.
  - b. I am aware that if the Activity occurs outdoors, the streets adjoining the area of the Activity are open to regular vehicular traffic during the Activity and I will obey all traffic laws and regulations.
  - c. I accept full responsibility for any product or technology loaned to me as part of participation in this Activity and commit to return the same in good working order.
4. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any recourses which I may now or hereafter have resulting from any decision of any Released Party.
5. To the full extent permitted by law, I agree that the Released Party's liability is limited to fees I have or will soon pay for the Activity.
6. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability incurred as a result of defending any Claim made by me or anyone making a Claim on my behalf, should it be found I was the cause of detrimental incident which gave rise to the claim.

For avoidance of doubt, I indemnify the Released Party from and against all liability arising out of the Activity except where the liability arises as a direct result of the Released Party's willful misconduct or gross negligence.

7. I agree to indemnify and forever hold harmless the Released Party for any injuries or similar which may give rise to a Claim as a result of withholding information and/or not providing honest, timely and accurate information to the Released Party.
8. I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician's advice.



**SPORTSTEC CLINIC**  
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9. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

10. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights, allowed to the full extent of the law, I may have against the Released Party.

I also understand that (please type initials);

I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of the Activity which may depict, record or refer to me for any purpose ("Likeness"), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

BY TYPING NAME BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Name (please type): \_\_\_\_\_

Date \_\_\_\_\_