**Introduction**

This document has been created by The Pressure Point for any visitors to our website [www.thepressurepoint.co.uk](http://www.thepressurepoint.co.uk). We, The Pressure Point, are committed to protecting and respecting your privacy, as well as being very fair with our Terms and Conditions. Prior to signing up to the Pre and Post natal pilates Hub we require every individual to fill in the Pregnancy Disclaimer Form and this must be filled in before signing up to our online Hub.

Please fill this form in and email it to [www.thepressurepoint.co.uk](http://www.thepressurepoint.co.uk) so we can make sure you are safe to continue and to offer you personalised advice on any of our videos.

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residential Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Postcode:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctors Name & Phone number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Due Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many weeks pregnant / post partum are you:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We welcome women from their 16th week of pregnancy. If you are less than 16 weeks pregnant please consult your GP before signing up to the online hub.

Please read the following questions carefully and thoroughly. Answer each question honestly to the best of your knowledge by ticking either yes or no. If you answer yes to any of these, please discuss with Jo Ann. Please indicate if you have experienced any of the following, answering yes/no.

**Miscarriage in earlier pregnancy:**

                                      Yes                                        No

**Any pregnancy complications now or in the past**

                                        Yes                                        No

**Any problems with exercise before or during pregnancy**

                                        Yes                                        No

**Pre eclampsia**

                                        Yes                                        No

**Symphysis pubis dysfunction**

                                        Yes                                        No

**Any current acute sickness**

                                        Yes                                        No

**Any blood pressure problems**

  Yes                                        No

**High/Elevated Blood Pressure**

  Yes                                        No

**Low Blood Pressure**

  Yes                                        No

**Any conditions or past injuries, which may limit the range of movement on any part of your body? If so please describe:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any medication you are currently taking:**

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You now need to agree to the client disclaimer below before participating in our classes. Please read through and Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 the instructor, 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 understand that I participate in all classes entirely at my own risk, and any loss, damage, injury or any other mishap will not be the responsibility of the class organiser or teacher.

**Contact us:**

If there are any questions regarding this document, please contact us.
The Pressure Point,

Linden Grove, Coxhoe.

07966570575.

Thepressurepoint.co.uk.