

PERSONAL HISTORY FORM

Name: _____

Date: _____ Age: _____

No. of Full Term Pregnancies: _____

Ages of other children (if any): _____

Estimated due date: _____

Number of weeks currently pregnant: _____

Intended place of birth: _____

Name of Obstetrician/midwife: _____

Do you have any previous Pilates experience? YES _____ NO _____

If yes, name of Pilates studio and teacher: _____

How long have you been practicing Pilates? _____

20 week check on diastasis Recti: YES _____ NO _____

20 week check on placenta position: YES _____ NO _____

PLEASE ADVISE ANY CHANGES YOU ARE AWARE OF IN YOUR BODY AT EACH SESSION!

OTHER: Please specify, e.g.: History of Miscarriage -

Daily break down of time:

Hours at work:

Hours spent exercising per day:

Hours spent relaxing:

Hours spent with loved ones:

Hours spent sleeping per night: