Fit- 4- 2 Antenatal Registration form

PERSONAL DETAILS

Name: _____ Date of Birth: _____
Private / Health Fund: _____
Address: _____
_____
Phone: (H) _____ (W) _____ (M) _____
E-Mail: _____
Occupation: _____
Emergency Contact: _____
How did you hear about Fit-4-2 classes? _____

PREGNANCY DETAILS

Baby's Due Date: _____ Weeks Pregnant: _____
Obstetrician: _____ Tel: _____ Hospital: _____
G.P:_____ Tel: _____
Is this your First Pregnancy? **p** Yes **p** No It Is My _____
Have you had any complications with this OR any previous pregnancies? **p**Yes **p**No _____

MEDICAL AND PREGNANCY CONDITIONS (Please tick if yes)

- ☐ Heart Disease
- ☐ Diabetes
- ☐ Asthma
- ☐ Epilepsy
- ☐ Thyroid Disease
- ☐ Kidney Disease
- ☐ High blood pressure ≥140/
- ☐ Take Medication _____
- ☐ Cervical Stitch
- ☐ Placenta previa
- ☐ Poor foetal growth
- ☐ Multiple pregnancy
- ☐ Vaginal Bleeding
- ☐ Pre eclampsia
- ☐ Breech presentation

_____
Any other medical or surgical history you feel may be relevant _____
_____
_____

It is important to discuss any problems or questions with your instructor prior to commencing the exercise class.
If you ticked yes to any of the above, or you are unsure whether it is appropriate for you to join the exercise class your medical consultant's opinion should be sought and he/she should complete the information below

Medical consultant's permission to attend pre and postnatal exercise class
p Yes **p** No
Necessary precautions _____

Doctor/ midwife signature _____ Date_____

P.T.O

GENERAL DISCOMFORTS…….. (Please tick if yes)

- ☐ Back ache
- ☐ Pelvic pain
- ☐ Arm/leg pain
- ☐ Sensory changes
- ☐ Neck pain
- ☐ Headaches
- ☐ Dizziness
- ☐ Varicous Veins
- ☐ Wrist pain / carpal tunnel
- ☐ Difficulties with continence
- ☐ Morning Sickness / Nausea
- ☐ Heartburn/reflux
- ☐ Other _____

FITNESS HISTORY

Were you exercising prior to this pregnancy? ☐ Yes ☐ No
What type of exercise? _____
_____

Have you been exercising during this pregnancy? ☐ Yes ☐ No
What type of exercise? _____
_____

PLEASE READ CAREFULLY!!!!!!!!!

If your medical state alters, it is important to inform the instructor.

The pre and postnatal exercise classes are taken by a fully qualified physiotherapist and are designed specifically to suit the needs of pre and post natal women i.e. the exercises are safe for you and your baby. The instructor cannot assume responsibility for unforeseen circumstances.

I have read the above and agree to inform the instructor should there be any changes in my condition or pregnancy, before participating in or continuing a class.

I acknowledge that during all times whilst on Pilates for life premises, both my property and my person shall be at my own risk and I will not hold Fit 4 2 Physiotherapy nor Pilates for life liable for any personal injury or loss.

If you should experience any of the following symptoms you must STOP EXERCISE IMMEDIATELY and notify the instructor:-

BLEEDING / LEAKING FLUID	SHORTNESS OF BREATH	PAIN
ABDOMINAL PAIN/ CRAMPING	PALPITATIONS/ CHEST PAIN	BLURRED VISION
FAINTNESS / DIZZINESS	FEELING VERY HOT /TIRED	CALF PAIN/ SWELLING

STATEMENT: I have answered these questions to the best of my ability and understand the advice

Signed_____ Date_____
Physiotherapist _____ Date _____

Modifications to exercise program (If needed) _____
_____