

“GREAT EXPECTATIONS” REGISTRATION FORM

Name: _____ Date of Birth: _____

Baby's delivery date: _____

Medical Consultant: _____ Phone: _____

Hospital: _____

Is this your first pregnancy? If not, please provide the following information and include any miscarriages, still births etc.

Medical and Pregnancy Condition:

(Tick if applicable)

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Heart Disease
Thyroid Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multiple Pregnancy
Presentation | <input type="checkbox"/> Vaginal Bleeding | <input type="checkbox"/> Cervical Stitch | <input type="checkbox"/> Breech |
| <input type="checkbox"/> Placenta Praevia
_____ | <input type="checkbox"/> Pre Eclampsia | <input type="checkbox"/> Poor Foetal Growth | <input type="checkbox"/> Other |

Are you on any medication?

It is important to discuss any problems, queries or doubts with your instructor prior to commencing the exercise class.
If you are not sure if it is appropriate for you to join the exercise class situation, your medical consultant's opinion should be sought and he/she should complete the information below.

Medical consultant's permission to attend prenatal exercises classes?

Yes No

Necessary Precautions:

Consultant's Signature:

See Over...

General Discomforts:

(Tick if applicable)

- Headaches
- Dizziness
- Back Ache
- Difficulty Maintaining Continence
- Arm or Leg Pain haemorrhoids
- Pelvic Joint Pain
- Knee Pain
- Varicosities-vulval, legs
- Heartburn/Reflux
- Wrist/Thumb Pain
- Sensory Changes
- Others

Fitness History:

Were you exercising prior to this pregnancy? Yes No
If so, what type of exercise?

Have you been exercising during this pregnancy? Yes No
If so, what type of exercise?

If your pregnancy or medical state alters, it is important to inform your instructor of any such changes. The pre and postnatal exercise classes are led by full qualified Physiotherapists, and are designed specifically to suit the needs of pre and post natal women in that the exercises are safe for you and your baby. Instructors cannot assume responsibility for unforeseen circumstances.

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

I have acknowledged that I have been strongly recommended to undertake an assessment screening prior to participating in the prenatal classes. My decision to decline this recommendation is my own responsibility.

Initial Assessment Undertaken

Signature: _____ **Date:** _____

Office Use:

Summary:

Safe to exercise:

Yes No

Precautions:

Physiotherapist Signature: _____