

# Babes on Board

Pregnancy exercise classes

## Exercise Class Registration Form

Name:	Date:
Address:	Phone (Home): (Work):
Your date of birth:	Occupation:
Emergency Contact:	Baby's due date:
Obstetrician:	Hospital:
How did you find out about <i>Babes on Board</i> ?	

### Pregnancy / Birth History:

1. Is this your first pregnancy? Yes / No  
If yes, go to Question 3  
If no, please provide the following details:

YEAR	PREGNANCY TERM	TYPE OF DELIVERY	PROBLEMS WITH DELIVERY	OUTCOME

2. Did you have any problems during or after any of these pregnancies? Please specify?
3. Is yours a multiple pregnancy?

### Medical and Pregnancy Conditions:

There are some medical conditions, and issues relating to pregnancy that may preclude you from Babes on Board classes. Alternatively, individual exercise prescription may be recommended for your safety.

Please tick if you have any of these conditions:

Medical Conditions:	Yes/No	Pregnancy Conditions:	Yes/No
Heart problems		Poor foetal growth	
High blood pressure		Cervical stitch	
Asthma / other lung conditions		Vaginal bleeding	
Thyroid problems		Pain at front or back of pelvis	
Diabetes		Pre-eclampsia	
Epilepsy		Rh immunisation	
Anaemia / blood disorders		Placenta praevia	
Kidney problems		Persistent headache	
Diabetes		Signs of premature labour	
Bone/ joint problems		Persistent backache	
Other (please specify)		Other (please specify)	

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4. Have you been admitted to hospital for any reason during this pregnancy? Yes / No.  
If yes, please specify:

5. Are you on any medication? Yes / No.  
If yes, please specify?

If you have answered yes to any questions in this section (or are unsure) we request that you obtain your obstetricians consent and signature below before you commence classes.

**Obstetricians name:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### General discomforts:

6. Do you experience any of the following symptoms:

Symptoms	Yes/No	Symptoms	Yes/No
Involuntary loss of urine		Pain / numbness / tingling in limbs	
Headaches or dizziness		Varicose veins / haemorrhoids	
Pelvic joint pain (front / back)		Heart burn / gastric reflux	
Backache		Leg cramp	

### Exercise / Fitness:

7. Do you participate in regular physical exercise? Yes / No.  
If yes, what kind and how often?

8. Do you have any other conditions or reasons that may restrict your ability to exercise?  
Yes / No. If yes, please specify

*Babes on Board* exercise classes are designed specifically for pregnant women, and are conducted by physiotherapists who also have exercise to music leadership qualifications. None of the exercises should cause any harm to you or your baby under normal conditions.

**I have read the above and undertake to inform *Babes on Board* should there be any changes to my medical or pre-natal condition before participating in exercise class.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use only:

Safe for classes: Yes / No

Precautions / Modifications:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Class leader)