

Babes on Board

Pregnancy exercise classes

Post-natal Exercise Class Registration Form

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

Pregnancy / Birth History:

1. Was this your first pregnancy?: Yes / No

Please provide the following details, including miscarriages / stillbirths

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. Are you breast / bottle feeding (please circle)

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 or if any occurred during your pregnancy:

Medical Conditions:	Yes/No	Pregnancy Conditions:	Yes/No
Heart problems		Pressure on pelvic floor	
High blood pressure		Diastasis recti – separation of stomach muscles	
Asthma / other lung conditions		Pubis symphysis pain – front pelvis	
Thyroid problems		Headache / backache	
Diabetes		Sacroiliac pain – back of pelvis	
Arm / leg pain		Anaemia / blood disorders	

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Medical Conditions:	Yes/No	Pregnancy Conditions:	Yes/No
Bone/ joint problems			
Kidney problems			
Epilepsy			
Other (please specify)		Other (please specify)	

4. Have you had or are you having any health problems since delivery? Yes / No.
If yes, please explain:

5. Have you had your six weeks post natal check up? Yes / No. Was this satisfactory?

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

General discomforts:

Symptoms	Yes/No	Symptoms	Yes/No
Involuntary loss of urine		Pain / numbness / tingling in limbs	
Headaches or dizziness		Varicose veins / haemorrhoids	
Knee pain		Heart burn / gastric reflux	

Exercise / Fitness:

8. Did you exercise during your pregnancy? Yes / No.
If yes, what and how often?

9. Do you have any health problems which may affect your ability to exercise? Yes / No.
If yes, please specify

10. Have you discussed attending exercise classes with your doctor?
(Not compulsory)

Babes on Board exercise classes are designed specifically for pregnant women, and those in the early post natal stages and are conducted by physiotherapists who also have an exercise to music leadership qualifications. None of the exercises should cause any harm to you under normal conditions

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

Signature: _____

Date: _____

Office Use only: Safe for classes: Yes / No
Precautions / Modifications:

Signed: _____ Date: _____

(Class leader)