

## Fit to Deliver Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Baby's Delivery Date: \_\_\_\_\_

Medical Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this your first pregnancy? Yes / No, I have \_\_ child/children aged \_\_\_\_\_.

Any previous problems with pregnancy or delivery? \_\_\_\_\_

### Medical Conditions (Tick if Applicable)

Heart Disease	High Blood Pressure	Kidney disease
Diabetes	Asthma	Epilepsy
Multiple pregnancy	Vaginal Bleeding	Placenta Previa
Pre eclampsia	Other _____	

Are you taking any medications? \_\_\_\_\_

It is important to discuss any problems or questions with your instructor prior to the class. **If you answered "Yes" to any of the questions above, or you are not sure if it is appropriate for you to join the class, your medical consultant's opinion should be sought** and he/she should complete the information below.

Medical Consultants permission to attend pre and post natal Pilates classes? Yes / No

Precautions \_\_\_\_\_

Consultant's signature: \_\_\_\_\_

### General Discomforts (Tick if Applicable)

Headaches	Dizziness	Back ache	Bladder problems
Pelvic Pain	Knee Pain	Wrist pain	Reflux

Other: \_\_\_\_\_

### 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 medical state alters, it is important to inform your instructor of any such changes. Fit to Deliver classes are run by fully 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.

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