

Fit to Deliver - Pregnancy Registration Form

Title: _____ Name: _____ DOB: _____

Address: _____
 _____ Postcode: _____

Telephone: (H) _____ (M) _____ (W) _____

Email: _____

Occupation: _____ Sports / Hobbies: _____

Emergency Contact

Name: _____ Tel: _____

Please state how you heard of us: _____

Are you **currently** experiencing any of the following symptoms?

If yes please give further details:

Neck Pain	Yes	No	
Low Back Pain	Yes	No	
Pelvic Pain	Yes	No	
Other Joint Pains	Yes	No	
Muscle Pains	Yes	No	
Chest Pains	Yes	No	
Dizziness / Headaches	Yes	No	
Shortness of Breath / Wheeze	Yes	No	

Baby's due date: _____ Consultant: _____ Hospital: _____

Is this your first pregnancy? **Yes / No**, I have _____ child/ children aged _____

Have you had any previous complications with pregnancy or delivery? **Yes / No** If yes, please give details:

Have you had any recent injuries or surgery? **Yes / No** If yes, please give details: _____

Have you ever been diagnosed with or received treatment for any of the following conditions?

If yes please give further details:

Asthma	Yes	No	
Arthritis	Yes	No	
High or low blood pressure	Yes	No	
Bronchitis	Yes	No	
Cancer	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Heart conditions	Yes	No	
Stroke	Yes	No	
Multiple Pregnancy	Yes	No	
Pre eclampsia	Yes	No	
Vaginal Bleeding (during pregnancy)	Yes	No	
Placenta Previa	Yes	No	
Other (please give details)			

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

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

Please carefully read and then sign the consent form on the next page...

PILATES PARTICIPATION INFORMED CONSENT

If your medical state alters, it is important to inform your instructor of any such changes. Fit to Deliver classes are run by a fully qualified physiotherapist, and are designed specifically to suit the needs of prenatal women in that the exercises are safe for you and your baby. Your Instructor cannot assume responsibility for unforeseen circumstances.

The Pilates programme will begin at a low level and will be advanced in stages as appropriate. It is important for you to realise that you may stop whenever you wish because of feelings of fatigue or discomfort.

There exists the possibility of certain dangers when exercising. They include high or low blood pressure, fainting, abnormal heart rhythm, and in very rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of the preliminary information relating to your health and fitness and by observations during exercising.

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.

Please note a full fee may be applicable if less than 24hrs notice is given for all cancellations

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed: _____ Date: _____