



Fit-4-2 Registration Form

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The information on this form will allow us to ensure that classes are safe for you and your baby. Information will be kept confidential. Please complete and bring along to your first class or fax to (03) 93467530.

Name										
Address										
Telephone	H		W		M					
Email						Your Date of Birth				
Emergency Contact						Ph				
Babies Due Date				Do you have any other children? What ages?						
Did you have any complications with previous pregnancies?										
What type and amount of exercise did you do prior to your pregnancy?										
Medical Consultant						Ph				
Have you discussed exercise with your consultant? If yes, what did they say?										
Do you have any of the following medical conditions? If you answer "yes" to any of these questions, please ask your Medical Consultant to complete the consent form below and provide further information in the space provided.										
	Yes	No		Yes	No		Yes	No		
Heart Disease			Other Respiratory Disease			Pre Eclampsia				
Diabetes			High Blood Pressure			Vaginal Bleeding				
Epilepsy			Multiple Pregnancy (ie twins)			Placenta Previa				
Asthma			History of miscarriage							
Further information:										
Do you suffer any of the following musculoskeletal complaints (Medical consent is not required if you tick yes for these)										
	Yes	No		Yes	No		Yes	No		
Bladder Problems			Back Pain			Dizziness				
Pelvis Pain			Knee Pain			Wrist Pain				
Do you have any other medical conditions or musculoskeletal injuries? (Please list)										
Are you taking any medications? (Please list)										
Only complete this section if you answered 'yes' to the medical conditions above.										
Medical Consultants Permission to attend Fit-4-2 classes: I am aware that _____ will be commencing Fit-4-2 Pregnancy exercise classes. These classes consist of low impact aerobics, gentle toning and strengthening exercises, prenatal pilates and stretches. I advise that this patient does not have any absolute contraindications to exercise and I give my approval for her to participate.										
Recommended precautions:										
Signature:					Date:					
Where did you hear about the classes?										

Your Acknowledgement & Consent: I, _____, have disclosed all medical information on this form. I understand that it is my responsibility to inform the instructing physiotherapist of any new injuries or changes in my medical condition, prior to participating in **MummyFit** Classes. I acknowledge that I participate at my own risk and exonerate **Fit By Physio** and the instructor from all liability should I become injured. I acknowledge that **Fit By Physio** cannot be held responsible for unforeseen circumstances.

Signature:

Date:

