



MummyFit Registration Form

www.fitbyphysio.com.au
 p: 0406581869 f: (03) 93467530
 e: louise@fitbyphysio.com.au

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) 9346 7530.

Name							
Address							
Telephone	H		W		M		
Email					Your Date of Birth		
Emergency Contact						Ph	
Your Babies Name						Your Babies Date of Birth	
Type of Delivery							
Medical Consultant					Ph		
Did you have any complications with your pregnancy/delivery?							
Have you discussed exercise with your consultant? If yes, what did they say?							
Do you have any other children? What ages?							
Do you have any of the following medical conditions?				Further information			
Heart Disease	Yes	No					
Diabetes	Yes	No					
Epilepsy	Yes	No					
Asthma	Yes	No					
Other Respiratory Disease	Yes	No					
High Blood Pressure	Yes	No					
Pre Eclampsia (during pregnancy)	Yes	No					
Bladder Problems	Yes	No					
Pelvis Pain	Yes	No					
Back Pain	Yes	No					
Knee Pain	Yes	No					
Dizziness	Yes	No					
Wrist Pain	Yes	No					
Do you have any other medical conditions? (Please list)							
Are you taking any medications? (Please list)							
Do you suffer from any other musculoskeletal injuries? (Past & Current)							
What exercise did you do before your pregnancy?				During your pregnancy?			
Where did you hear about the classes? Flyer / Poster / Maternal Health Centre / Mothers Group / Doctor / Melbourne Child / Mother Matters / Other							

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: