



IMPACT

Physiotherapy • Hydrotherapy • Clinical Pilates

Pregnancy Aqua Class Registration Form

Name: _____ DOB: _____

Address: _____

Phone Number (s): _____ Email Address: _____

Next of Kin: _____ Phone Number: _____

Estimated date of delivery: _____ Weeks gestation at registration: _____

GP / Obstetrician: _____

Please list any medication you are currently taking: _____

Medical History

Do you have any of the following? **Please tick box.**

	YES	NO
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory condition/Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
High/Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Lower back/pelvic girdle pain	<input type="checkbox"/>	<input type="checkbox"/>
History of prolapse	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition/Angina	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (Gestational/insulin related)	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Placenta praevia	<input type="checkbox"/>	<input type="checkbox"/>
Incompetent cervix	<input type="checkbox"/>	<input type="checkbox"/>

Other (please give details of pregnancy/delivery complications): _____

Please note that an Obstetrician/Doctor's referral is required prior to commencing the Pregnancy Aqua Classes.

I accept that the use of the pool facility at Impact Physiotherapy is undertaken at my own risk.

Signature: _____ Date: _____