



# Fit Mamas Prenatal Exercise Class Registration

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Email address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ Fax \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Homebirth \_\_\_\_\_

Number of pregnancies \_\_\_\_\_ Number of births \_\_\_\_\_

Miscarriage in an earlier pregnancy? \_\_\_\_\_

Daily activity: Heavy \_\_\_\_\_ Moderate \_\_\_\_\_ Light \_\_\_\_\_ Sedentary \_\_\_\_\_

What do you do for exercise now? \_\_\_\_\_

During this pregnancy, have you experienced:

- |                                                           |     |    |
|-----------------------------------------------------------|-----|----|
| 1. Marked fatigue?                                        | YES | NO |
| 2. Bleeding from the vagina?                              | YES | NO |
| 3. Unexplained faintness or dizziness?                    | YES | NO |
| 4. Unexplained abdominal pain?                            | YES | NO |
| 5. Sudden swelling of ankles hands or face?               | YES | NO |
| 6. Persistent headaches or problems with headaches?       | YES | NO |
| 7. Swelling, pain or redness in the calf of one leg?      | YES | NO |
| 8. Absence of fetal movement after 6 <sup>th</sup> month? | YES | NO |
| Failure to gain weight after 5 <sup>th</sup> month?       | YES | NO |

Do you have a history of: (Circle Those That Are Current)

- |               |                                        |                                    |
|---------------|----------------------------------------|------------------------------------|
| Heart Disease | High Blood Pressure                    | Diabetes                           |
| Seizures      | Respiratory Problems                   | Chest Pain/Tightness Upon Exertion |
| Leaking Urine | Backache                               | Knee Problems                      |
| Heartburn     | Numbness/Tingling in hands             | Leg Cramps                         |
| Fractures     | Prolapse of Uterus, Bladder, or Rectum |                                    |