

PreggiPower: Mom and Baby Pilates Welcome form

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email address (for PreggiPower purposes ONLY) _____

How did you hear about PreggiPower's Mom and Baby Pilates Class? _____

Your date of Birth: _____ Age: _____

Baby's Due Date: ____/____/____ Weeks post natal as of today: _____

What is your baby's name? _____ Male Female

Does your baby have any medical or physical conditions that you think we should know about? Yes No

If yes, please describe: _____

Ob/Gyn/Midwife: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Was this your first pregnancy? Yes No

How many pregnancies have you had? _____ How many children do you have? _____

Did you have any complications during pregnancy or delivery? Yes No

If yes, please describe: _____

What type of delivery did you have? Vaginal delivery C-section

Did you have any tearing? Yes No Stitches? Yes No How many? _____

Are you experiencing incontinence (involuntary loss of urine)? Yes No

If yes, please describe when it occurs and how much leakage you have: _____

Please list any drugs or medications that you are currently taking and the reason for taking them:

Do you have any medical or physical conditions? Yes No

If yes, please describe: _____

General Discomforts (Please check if applicable)

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="radio"/> Headaches | <input type="radio"/> Dizziness | <input type="radio"/> Back Ache |
| <input type="radio"/> Arm or Leg Pain | <input type="radio"/> Pelvic Pain | <input type="radio"/> Knee Pain |
| <input type="radio"/> Heartburn/Reflux | <input type="radio"/> Wrist Pain | <input type="radio"/> Nausea/Vomiting |
- Difficulty maintaining continence
- Unusual Fatigue/low energy
- Other: _____

Doctor's/Midwife's Consent

Mom and Baby Pilates is a one-hour group exercise class designed by physical therapists specifically for pregnant women. The program utilizes the fitball, low impact aerobics, free weights and Pilates exercises.

I believe that _____ is fit to participate in **Mom and Baby Pilates** classes.

Please list any necessary precautions for the above individual:

Doctor's/Midwife's signature

Date

If you have any questions please feel free to contact **PreggiPower**

Phone: **(303) 733-1111**

Email: laina@preggipower.com

Website: www.preggipower.com

Sincerely,

Laina Scolnick

Physical Therapist/Certified Pilates Instructor