

PreggiPower Welcome form and medical consent

Name: _____

Address: _____

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

Email address (for PreggiPower purposes ONLY) _____

How did you hear about PreggiPower? _____

Date of Birth: _____ Age: _____

Due Date: ___/___/___ Weeks pregnant as of today: ___/40

Ob/Gyn/Midwife: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Is this your first pregnancy? Yes No

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

Did you have any complications in a previous pregnancy or delivery? Yes No

If yes, please describe: _____

Conception: Natural Fertility Treatment/Assisted Conception _____

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 that are not listed below? Yes No

If yes, please describe: _____

Medical and Pregnancy Conditions (Please check if applicable)

- Heart Disease High Blood Pressure Diabetes
 Diabetes Asthma Epilepsy
 Multiple Pregnancy Chest Pain Vaginal Bleeding
 Breech Presentation Pre Eclampsia Placenta Praevia
 Poor Fetal Growth Breech Presentation Abdominal Pain
 Sudden swelling (hands, face or feet)
 Other: _____

General Discomforts (Please check if applicable)

- Headaches Dizziness Back Ache
 Arm or Leg Pain Pelvic Pain Knee Pain
 Heartburn/Reflux Wrist Pain Nausea/Vomiting
 Difficulty maintaining contience
 Unusual Fatigue/low energy
 Other: _____

Doctor's/Midwife's Consent

PreggiPower 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 **PreggiPower** 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