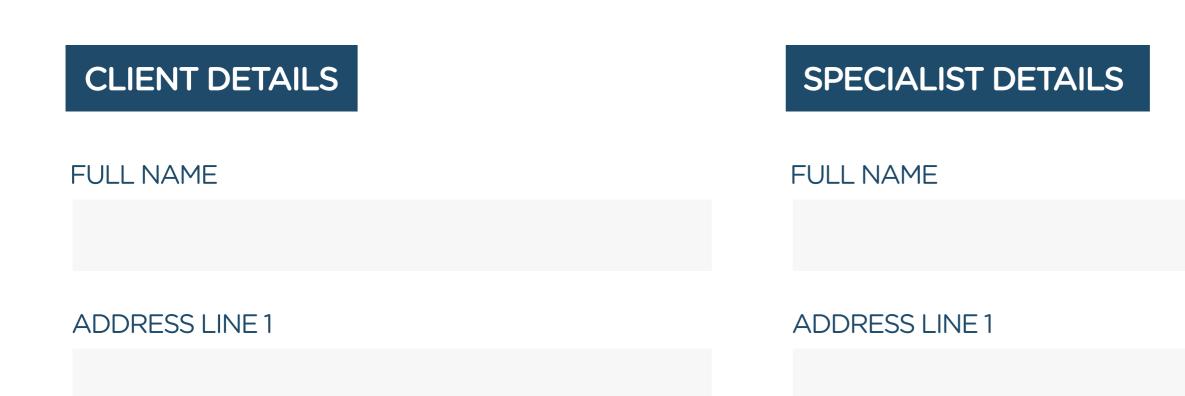


## STEPS TO COMPLETE THIS FORM

- FILL UP CLIENT DETAILS SECTION BELOW
- CONSULT YOUR FAMILY DOCTOR OR GENERAL PRACTITIONER AND HAVE THEM
- FILL UP THEIR ASSESSMENT ON SUBSEQUENT PAGES
- BRING THE COMPLETED FORM TO YOUR PRENATAL WORKOUT AND SUBMIT IT TO YOUR TRAINER.



#### SUBURB

STATE

#### POSTCODE

PHONE NUMBER

#### EMAIL ADDRESS

#### SUBURB

#### STATE

### POSTCODE

### PHONE NUMBER

#### EMAIL ADDRESS

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## ABSOLUTE CONTRAINDICATIONS

KINDLY INFORM US BY MARKING THE WHITE BOX IF THE CLIENT HAS THE FOLLOWING ABSOLUTE CONTRAINDICATIONS TO EXERCISE DURING THEIR PREGNANCY.

• RUPTURED MEMBRANES	YES	NO
• PRETERM LABOUR	YES	NO
HIGH BLOOD PRESSURE DISORDERS OF PREGNANCY INCOMPETENT CERVIX	YES	NO
GROWTH RESTRICTED FOETUS	YES	NO
TRIPLETS OR MORE	YES	NO
• PLACENTA PREVIA AFTER 26 WEEKS	YES	NO

PERSISTENT 2ND OR 3RD TRIMESTER BLEEDING	YES	NO
• UNCONTROLLED TYPE 1 DIABETES, THYROID DISEASE	YES	NO
• ANY OTHER SERIOUS CARDIOVASCULAR, RESPIRATORY OR SYSTEMIC DISORDER	YES	NO





## **RELATIVE CONTRAINDICATIONS**

KINDLY INFORM US BY MARKING THE WHITE BOX IF THE CLIENT HAS THE FOLLOWING RELATIVE CONTRAINDICATIONS TO EXERCISE DURING THEIR PREGNANCY.

PREVIOUS MISCARRIAGES PREVIOUS PRETERM BIRTH	YES	NO
• MILD/MODERATE CARDIOVASCULAR DISORDER	YES	NO
• MILD/MODERATE RESPIRATORY DISORDER	YES	NO
• ANEMIA (HB <100G/L)	YES	NO
MALNUTRITION OR EATING DISORDER	YES	NO
• TWIN PREGNANCY > 28 WEEKS	YES	NO
• OTHER SIGNIFICANT MEDICAL CONDITIONS	YES	NO

### WARNING SIGN

KINDLY ADVISE THE CLIENT OF THESE WARNING SIGNS THAT EXERCISE SHOULD CEASE IMMEDIATELY.

• VAGINAL BLEEDING

•CHEST PAIN

• DYSPNOEA BEFORE EXERTION

• MUSCLE WEAKNESS

• DIZZINESS

• CALF PAIN OR SWELLING

• HEADACHE

• ONSET OF LABOUR

DECREASED FOETAL MOVEMENT





## **ADDITIONAL COMMENTS**

KINDLY INPUT ADDITIONAL COMMENTS RELATED TO THIS CLIENT'S PREGNANCY & EXERCISE PLAN.

## RECOMMENDATION

KINDLY ADVISE THE CLIENT OF THESE WARNING SIGNS THAT EXERCISE SHOULD CEASE IMMEDIATELY.

- HAVING CONSIDERED ALL THE CONTRAINDICATIONS AND WARNING SIGNS ON THIS FORM, KINDLY PROVIDE YOUR RECOMMENDATION ON WHETHER OR NOT THE CLIENT IS FIT TO EXERCISE AT HI PILATES.
- DO YOU RECOMMEND THIS CLIENT TO EXERCISE AT HI PILATES DURING THEIR PREGNANCY?

YES		NO	
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