

Health and medical registration for post natal clients

General Information:

Name:		
Telephone	Work: Mobile:	
Date of Birth: / /	Age:	Occupation:
Address:		
Email		

Emergency Details

Name of regular Doctor:	Doctors phone number:	
Are you taking any prescribed medication? No / Yes: Please detail		
Name of contact (in case of Emergency):	Relationship	Contact phone number:

Pregnancy History:

Date/s of birth of children:	
Complications during pregnancy? (please circle) Yes / No If yes, please provide details:	
Complications post pregnancy? (please circle) Yes / No If yes, please provide details:	

(Please note that you must have had your 6 week check from your doctor and have received the all clear to attend mishfit mothers Group Personal Training)

Medical History:

Have you or do you currently suffer from any of the following?

<input type="checkbox"/> Respiratory disease	<input type="checkbox"/> Abnormal blood pressure (high/low)
<input type="checkbox"/> Chest pain/ palpitations	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Faintness/dizziness	<input type="checkbox"/> Neck pain
<input type="checkbox"/> Anaemia	<input type="checkbox"/> Muscular/ skeletal injury
<input type="checkbox"/> Heart disease or family history of heart disease	<input type="checkbox"/> Recent surgery/illness
<input type="checkbox"/> Diabetes or family history of diabetes	<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Lower back pain
<input type="checkbox"/> Stroke	<input type="checkbox"/> Recent viral infection
<input type="checkbox"/> Other problems that may affect your ability to exercise	<input type="checkbox"/> Arthritis

If you have ticked any of the above, please provide details:

Medication and habits:

Are you currently taking any medication? Provide details:	Yes	No
Do you smoke? If yes, how many per day?	Yes	No
Do you consume alcohol? If yes, how many drinks per week?	Yes	No

Exercise History:

Are you currently exercising? Yes No

If so, specify type and frequency:

Goals

What goals do you hope to achieve by coming to mishfit mothers?

Where / How did you hear about mishfit mothers?

Are you on facebook / twitter? If you would like to communicate through these, please write your facebook and/or twitter name (please join mishfit group on fb & twitter!)

Marketing

For marketing purposes, please fill in where your child/ren attend Maternal Child & Health Centre?

Daycare?

Kinda?

School?

Other activity?

Other professional service? (eg: physio, etc)

Where else have you seen mishfit marketing?

Where else do you think you should see mishfit marketing?



Please note that if you have ticked any of the boxes on page 2, you **MUST** get signed medical clearance before attending mishfit mothers Group Personal Training.

All information given remains confidential to mishfit Personal Training.

Acknowledgement and Release:

I, the undersigned acknowledge that:

1. This exercise program has been specifically designed for pregnant and post natal women by Michelle Wright, Vic Fit registered and qualified Personal Trainer.
2. In normal circumstances the exercises should not harm me in any way.
3. I shall inform this mishfit mothers Personal Trainers of any medical or pregnancy related changes prior to commencing any training session.
4. mishfit mothers Personal Training will not be liable in any way for any unseen circumstances or for any circumstances of which I should have been aware, but failed to notify them.
5. I give my permission to staff of mishfit Personal Trainers to contact any of the emergency contact numbers set out above should the need arise.
6. I am responsible for the supervision of my child/ children before and after and during the session.
7. I have read the above statements and agree to be bound by it and to release mishfit Personal Trainers from all claims.

Name: _____

Signature: _____

Date: _____