



mishfit mothers

Health and medical registration for pregnant clients

General Information:

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

Emergency Details:

Name of regular Doctor:		Doctors phone number:
Obstetrician/Care-giver:		Hospital:
Are you on any prescribed medication: No <input type="checkbox"/> Yes – list medication:		
Name of contact (in case of Emergency):	Relationship to you:	Contact phone number:

Pregnancy History:

Due Date: _____

Is this your first pregnancy? Yes No (please circle)

If no, previous pregnancy date/s _____

Type of delivery? _____

Do you have a history of miscarriages? Yes No

If yes, provide details: _____

Previous complications during pregnancy? Yes No

If yes, provide details: _____

During this pregnancy have you experienced the following?

- | | |
|--|--|
| <input type="checkbox"/> Marked fatigue | <input type="checkbox"/> Migraine/headache |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Cervical stitch |
| <input type="checkbox"/> Dizziness/faintness | <input type="checkbox"/> Foetal growth retardation |
| <input type="checkbox"/> Multiple births/pregnancy | <input type="checkbox"/> Premature labour/birth |
| <input type="checkbox"/> Vaginal bleeding/spotting | <input type="checkbox"/> Breech presentation |
| <input type="checkbox"/> Heart burn/gastric reflux | <input type="checkbox"/> knee pain |
| <input type="checkbox"/> Reduced foetal movement | <input type="checkbox"/> Incompetent Cervix |
| <input type="checkbox"/> Pelvic joint swelling | <input type="checkbox"/> Baby smaller than expected |
| <input type="checkbox"/> Portion of placenta over cervix | <input type="checkbox"/> Swelling, pain or redness in calf |
| <input type="checkbox"/> Incontinence (altered bladder control) | <input type="checkbox"/> Swelling – (circle) ankles, hands, face) |
| <input type="checkbox"/> Preclampsia/pregnancy induced hypertension | |
| <input type="checkbox"/> Circulatory problems (varicose veins – legs, anal or vaginal) | |

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

Medical History:

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

- | | |
|---|--|
| <input type="checkbox"/> Abnormal blood pressure (high/low) | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Chest pain/ palpitations |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Faintness/dizziness |
| <input type="checkbox"/> Muscular/ skeletal injury | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Recent surgery/illness | <input type="checkbox"/> Heart disease / family history of heart disease |



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

Where / How did you hear about mishfit mothers?

If you have children, where do they go to kinder, school or child-care?

ACKNOWLEDGEMENT AND RELEASE

I certify that I am at least 18 years of age and confirm that the answers I have provided on this form are true and correct and that mishfit has relied on those answers in allowing me to participate in mishfit training sessions be they mishfit mothers group training sessions or one on one personal training sessions (“training sessions”).

1. I acknowledge that in normal circumstances the exercises I undertake in training sessions should not harm myself, or my baby, in any way but I further acknowledge that my participation in some training sessions may carry risk of harm or damage to my health and safety and that of my baby.
2. I will inform mishfit Personal Trainers of any medical or pregnancy related changes, prior to commencing any training session. I acknowledge that if I have disclosed certain illnesses or conditions, I know of, that put me at risk, mishfit has the right to refuse to allow me to participate in training sessions unless and until I provide a medical clearance in an approved form from a qualified medical practitioner. I certify that I have consulted with a medical practitioner in regard to any past or present injury, illness, or other condition which may affect my suitability or ability to participate in the training sessions.
3. 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. I further authorise mishfit, that in event of any accident to obtain medical assistance as is required and agree to meet any expenses related to that medical assistance. I also authorise mishfit Personal Trainers to call an ambulance if it is required and I agree to meet any expenses attached to the ambulance service.
4. I agree that I am responsible for the supervision of my child/children (if applicable) before, during and after the training sessions if I choose to bring my children along.
5. I am aware that I must give the mishfit Personal Trainer 4 hours notice of cancellation, otherwise I will be charged for the training session regardless.



6. By participating in training sessions, I agree that I am personally and unconditionally assuming responsibility for any harm, damage or loss suffered by me or my child/children as a consequence of my participation. To the extent permitted by law, I release, indemnify and will keep indemnified mishfit, its franchisees, officers, employees, servants and agents from and against any claims, rights or causes of action, except claims for gross negligence arising from my participation in training sessions. This document may be produced and relied upon as a complete defence to any such claim.

7. I acknowledge that copyright and all other intellectual property in the training sessions, including the right to reproduce wholly or in part any session, belongs to mishfit absolutely. I undertake not to reproduce or copy wholly or in part the training sessions, for the purposes of instructing others, for personal financial gain or profit or for financial gain or profit on behalf of others, except as an approved mishfit franchisee.

8. I acknowledge that all information provided by me on this form will remain confidential and will not be disclosed by mishfit to third parties unless required by law or with my consent.

9. By signing this form, I declare that I have read and agree to comply with all of the above terms and related policies. I acknowledge that mishfit will give me reasonable notice of my failure to comply with the above terms and related policies and will give me a reasonable opportunity to rectify any breach prior to cancelling any membership or refusing to allow me to participate in any training sessions.

SIGNED:

DATE:.....

FULL NAME:



OFFICE USE:



WARNING UNDER THE FAIR TRADING ACT 1999

Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier named on this form is required to ensure that the recreational services it supplies to you-

- are rendered with due care and skill; and
- are reasonably fit for any purpose which you, either expressly or by implication, make known to the supplier; and
- might reasonably be expected to achieve any result you have made known to the supplier.

Under [section 32N](#) of the [Fair Trading Act 1999](#), the supplier is entitled to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the [Fair Trading Act 1999](#) if you are killed or injured because the services provided were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. Gross negligence is defined in the Fair Trading (Recreational Services) Regulations 2004.