# KX PRENATAL AUTHORISATION TO EXERCISE.

## HOW TO COMPLETE THIS FORM

→ Complete the Client Details section below

→ Consult your GP and have them complete their details and assessment on subsequent pages

→ Take the completed form to your first prenatal workout and give it to your trainer.

## CLIENT DETAILS

FULL NAME

ADDRESS LINE 1

SUBURB

STATE

POSTCODE

PHONE NUMBER

EMAIL ADDRESS

## GP/SPECIALIST DETAILS

FULL NAME

ADDRESS LINE 1

SUBURB

STATE

POSTCODE

PHONE NUMBER

EMAIL ADDRESS

FORM CONTINUED ON NEXT PAGE

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## ABSOLUTE CONTRAINDICATIONS

→ Please inform us if the client listed on the previous page has / develops any of the following absolute contraindications to exercise during their pregnancy by marking the white box.

| | | |
|---|---|---|
| → 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 ☐ |

FORM CONTINUED ON NEXT PAGE

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## RELATIVE CONTRAINDICATIONS

→ Please inform us if the client listed on the previous page has / develops any of the following relative contraindications to exercise during their pregnancy by marking the white box.

| | | |
|---|---|---|
| → 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 ☐ |
| → Malnutirion or eating disorder | YES ☐ | NO ☐ |
| → Twin pregnancy > 28 weeks | YES ☐ | NO ☐ |
| → Other significant medical conditions | YES ☐ | NO ☐ |

## WARNING SIGNS

**Please advise the patient of warning signs that exercise should cease immediately including:**

- → Vaginal bleeding
- → Chest Pain
- → Dyspnoea before exertion
- → Muscle weakness
- → Dizziness
- → Calf pain or swelling
- → Headache
- → Onset of labour
- → Decreased foetal movement

FORM CONTINUED ON NEXT PAGE

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## ADDITIONAL COMMENTS

→ Please enter any additional comments as they relate to this patients pregnancy & exercise plan.

## RECOMMENDATION

→ Taking into consideration all the contraindications and warning signs listed on this form, please provide your recommendation on whether or not this patient is fit to exercise at KX.

→ Do you recommend this patient exercise at KX during their pregnancy? YES ☐ NO ☐

## CLIENT

SIGNATURE

DATE

## GP/SPECIALIST

SIGNATURE

DATE

END OF FORM

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