PREGNANCY PRE-SCREEN

Client Health and Information

Client Information

Name			
Estimated Due Date (EDD)			
Phone		Email	

Pregnancy/Medical Complications

Have you been diagnosed with or are you currently experiencing any of the following conditions/complications? *(please tick any/all that apply)*

	YES	NO
Dizziness, shortness of breath, a high heart rate, fainting	☐	☐
Decreased fetal movements (after a movement pattern has been established)	☐	☐
Ruptured membranes/leaking fluid from the vagina	☐	☐
Calf pain and/or swelling	☐	☐
Intrauterine growth restriction	☐	☐
Pre-term labour, regular painful contractions or cramping	☐	☐
Persistent vaginal bleeding after 12 weeks of pregnancy	☐	☐
Cervical incompetence, shortening or funnelling	☐	☐
Placenta previa	☐	☐
Pre-eclampsia, headache or vision changes	☐	☐
Multiple pregnancy (triplets or more)	☐	☐
Twins (and are beyond 28 weeks of pregnancy)	☐	☐
Type 1 diabetes, hypertension, seizure disorder or thyroid disease which is not well managed	☐	☐
Symptomatic anaemia or other nutritional deficiencies	☐	☐
Any other serious cardiovascular, respiratory or systemic disorders *(please specify below)*	☐	☐

Has your healthcare provider advised (since the onset of any symptoms or diagnoses of anything ticked above) that group exercise is appropriate during this pregnancy?	
YES ☐	**NO** ☐

Other Symptoms

Are you experiencing any of the following that you'd like to let us know about?

☐	Pelvic heaviness/pain
☐	Urinary leakage
☐	Pubic symphysis, hip, or low back pain
☐	Wrist pain/carpal tunnel symptoms
☐	Rib or mid/upper back pain
☐	Other *(please specify below)*

Please Note: Our Trainers are exercise professionals who can provide exercise modifications during class, but they are not medical practitioners and cannot diagnose or treat medical conditions. They are here to support you to make your classes suitable and comfortable, but if you are experiencing any of the above, or anything changes throughout your pregnancy, KX recommends seeking treatment and management with a qualified healthcare provider (e.g. a women's health physiotherapist).

Resources

We have created some resources to help you feel confident and safe in your KX classes. Please head to our pregnancy webpage to watch some exercise modification videos, and download our comprehensive ebook to help you learn more about staying active safely during pregnancy.

CLICK FOR PREGNANCY EBOOK

CLICK FOR PREGNANCY WEBPAGE

Exercise History

Have you participated in KX Pilates classes before?			
Yes	☐	No	☐
Approximately how many classes have you attended to date?			
20 or less	☐	More than 20	☐
What best describes you and how you're feeling about attending KX Pilates? *(tick all that apply)*			
I have been exercising regularly	☐	I'm feeling confident about continuing classes through pregnancy and prenatal modifications	☐
I feel unsure about attending group fitness classes	☐	I haven't exercised for a while	☐
I'm nervous about attending classes	☐	Please check in with me before/during/after class	☐
I'd prefer not to draw attention to myself	☐	Other *(please specify below)*	☐

Is there anything else you'd like to let our Trainers know about how best to support you?