Prenatal Information

Please answer the questions below about your pregnancy as it helps your instructor understand your history for safer care in class.

# General

|  |  |
| --- | --- |
| Your name |  |
| How many weeks pregnant? |  |
| Due date | **DD/MM/YYYY** |
| Any concerns we should be aware of about your current (or past) pregnancy? |  |
| Do you have other children? |  |

# current Activity

|  |  |
| --- | --- |
| Activities or exercise pre-pregnancy? Please list. |  |
| Regular heavy lifting? (20+lbs) | Y / N |
| Frequent walking or stair climbing? | Y / N |
| Occasional walking? | Y / N |
| Prolonged standing? | Y / N |
| Prolonged sitting? | Y / N |

# Physical acTIVITY INTENTIONS

|  |  |
| --- | --- |
| What goals or expectations do you have? |  |
| How can we help you achieve those goals during your pregnancy? |  |
| Any other information we should know about you, your pregnancy, or activity needs? |  |