

# PREGNANCY AUTHORISATION TO EXERCISE



Please return completed form to your home club:

Park Street 27 Park Street, Sydney NSW 2000 F: 02 9283 0061 E: [membercare.ps@elixr.com.au](mailto:membercare.ps@elixr.com.au)

Bligh Street 2A Bligh Street, Sydney NSW 2000 F: 02 9232 6002 E: [membercare.bs@elixr.com.au](mailto:membercare.bs@elixr.com.au)

Bondi Junction Level 2, 9 Bronte Road, Bondi Junction NSW 2022 F: 02 9387 2366 E: [membercare.bj@elixr.com.au](mailto:membercare.bj@elixr.com.au)

Office Use Only - Ex ID
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## • Member Details:

Membership no:

Your club:  Park Street  Bligh Street  Bondi Junction

Given Name:

Surname:

## • GP/Specialist Details:

Name:

Address:

Phone:

## • Absolute contraindications:

Please inform us if the above member has/develops any of the following absolute contraindications to exercise during their pregnancy.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Ruptured membranes  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preterm labour  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertensive - high blood pressure disorders of pregnancy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incompetent cervix  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Growth restricted foetus  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High order multiple gestation   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placenta previa after 28 weeks  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Persistent 2nd or 3rd trimester bleeding  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uncontrolled Type I diabetes, thyroid disease or other serious cardiovascular, respiratory or systemic disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## • Warning signs:

Please advise your patient of any warning signs that exercise should cease immediately including:

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

## • Relative contraindications:

Please inform us if the above member has/develops any of the following relative contraindications to exercise during their pregnancy.

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Previous spontaneous abortion         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Previous preterm birth                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mild/moderate cardiovascular disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mild/moderate respiratory disorder    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anemia (HB <100g/L)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Malnutrition or eating disorder       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Twin pregnancy                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other significant medical conditions  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## • Recommendation:

Taking into consideration all the contraindications and warning signs listed on this form, do you recommend the above member to exercise during their pregnancy at Elixr Health Clubs?

Yes  No

GP/Specialist signature

Date

Member signature

Date

## • Additional comments:

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## • Office Use Only:

Date received:

Received by:

Approved by:

Date processed:

Follow up required:  Yes  No