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Leaders in orthopaedics.



ANTENATAL AQUATIC PHYSIOTHERAPY EXERCISE ENROLMENT FORM

Wakefield Sports Clinic welcomes you to participate in our Antenatal Aquatic Exercise Classes at our North Adelaide clinic as soon as your medical practitioner has cleared you to participate in "cardiovascular exercise" often around 12-16 weeks into your pregnancy. Classes are conducted by an experienced aquatic physiotherapist who will contact you after receiving your enrolment form to confirm all your details.

SURNAME _____ FIRST NAME: _____

D.O.B: _____

ADDRESS: _____

PHONE: (H) _____ MOBILE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

NUMBER OF WEEKS GESTATION /40: _____ DUE DATE: _____

PREVIOUS PREGNANCIES: Y / N _____ NUMBER OF CHILDREN: _____

TREATING DOCTOR: _____ PHONE: _____

HEALTH FUND: _____

During this pregnancy, have you had/do you have any of the following?

- Multiple pregnancy _____ Yes / No
- Bleeding _____ Yes / No
- Early labour signs _____ Yes / No
- Significantly high/low blood pressure _____ Yes / No
- Placenta praevia _____ Yes / No
- Cervical incompetence/cervical stitch _____ Yes / No
- High Risk Pregnancy _____ Yes / No

Have you ever experienced:

- A previous late term miscarriage _____ Yes / No
- Premature Labour _____ Yes / No

If you answer "Yes" to any of the above an *Obstetrician's written clearance* is required before your enrolment is processed.

Has your medical practitioner cleared you to participate in 'cardiovascular exercise'? Yes/No

Medical Practitioner Name: _____ Phone: _____

PLEASE COMPLETE QUESTIONS ON THE BACK



General Health Information:

1. Medical Conditions - Do you have any of the following? If yes, please specify what precautions you require e.g ventolin puffer, iron tablets.

Asthma	Yes / No	Heart Problems	Yes / No	Skin Irritation/Infection	Yes / No
Diabetes	Yes / No	Kidney Problems	Yes / No	Infectious Disease	Yes / No
Anaemia	Yes / No	Urinary Problems	Yes / No	Eye / Ear Problems	Yes / No
High / Low Blood Pressure	Yes / No	Please specify details: _____			

Other (please specify) _____

2. Do you take any medication/supplements? (please specify)

3. Do you have any discomforts of pregnancy? Yes / No

E.g. back/pelvic joint pain: _____
 other (please specify) _____

4. Have you received physiotherapy treatment or advice during this pregnancy? Yes / No

5. Are you a swimmer? Yes/No Are you confident in the water? Yes/No

I confirm that the above information is correct and I have received a copy of the Hydrotherapy Information sheet and will observe the guidelines as follows:

- Please report any changes in your condition to the treating physiotherapist prior to the session
- Please report any dizziness or light-headedness experienced at any time during your aquatic session
- Work at your own pace. Ensure you have adequate rest periods as needed and keep exercise intensity to a perceived light/moderate intensity level
- Please drink plenty of fluids following your session to prevent dehydration
- Try to have a snack on hand to minimise any risk of a hypoglycaemic (low blood sugar) episode
- Stop if experiencing pain or discomfort. Report any soreness or exhaustion during or after your session
- Always exit the pool slowly and avoid hot showers immediately after your session due to low blood pressure implications
- Do not use the sauna, spa facilities or a bathing cap due to risk of overheating

I hereby indemnify and keep indemnified the Wakefield Sports Clinic, and its professional staff against any claim that may arise from my using the hydrotherapy pool.

SIGNED: _____ **(PARTICIPANT) DATE:** _____

Please return this form to: Wakefield Sports Clinic, Level 1, War Memorial Drive, North Adelaide 5006 or email to physio@wakefieldsports.com.au for approval and our Aquatic Physiotherapist will be in contact with you to confirm all details and arrange your first class.

THANK YOU FOR USING WAKEFIELD SPORTS CLINIC SERVICES