



Intake Form for Pre/Post-Natal Exercise Class

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Age: _____

Medical, Orthopedic, and GYN History:

Medications:

Due Date (for prenatal class):

Baby's Birth Date and Name (for postpartum class):

Do you have any prior exercise experience? _____

If yes, please briefly describe:

Do you have specific exercise goals?



Anne Duch, MPT

Medical Clearance for Inclusion in Pre/Post-Natal Exercise Class

_____ has full medical clearance to take part in a pre / post-natal exercise class with Anne Duch, MPT.

MD, Midwife, or NP _____

Date _____

