



The Momlete Gym Application and Intake Form

Name: _____ Date: _____

Phone Number: _____ Email: _____

Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Please clearly circle or highlight "Yes" or "No" where applicable.

Are you pregnant? Yes No

If yes, how far along are you? _____

Are you currently under the care of a doctor or midwife? Yes No

How many pregnancies have you experienced? _____

Have you experienced pregnancy or infant loss? Yes No

If yes, approximately how long ago? _____

Are you postpartum? Yes No

If yes, how far postpartum? _____

What type of birth did you experience? (ie. vaginal, cesarian birth) _____

Did you experience any complications during pregnancy or delivery? Yes No

If yes, please elaborate: _____

Please briefly explain your birth experience: _____

Have you seen a pelvic floor physiotherapist? Yes No

If yes, when (approximately) was your last visit? _____

Do you experience symptoms of (or have you been diagnosed with) incontinence, pelvic organ prolapse, diastasis recti, or any other type of pelvic floor dysfunction (ie. leaking, pain, discomfort, bulging)?

Yes No

If yes, please explain _____

Are you breastfeeding? Yes No

What kind of exercise do you currently do? _____

Did you exercise prior to becoming pregnant? Yes No

If yes, what kind of exercise did you do pre-pregnancy? _____

What are your current fitness goals? _____

Are you dealing with any non-pregnancy/ postpartum-related injuries? Yes No

If yes, please explain: _____

Do you have any other non-pregnancy/ postpartum-related medical conditions?

Yes No

If yes, please explain: _____

Is there anything else you think your coach should know? _____

Disclaimer:

The Momlete Inc. recommends that you consult with your health care provider prior to beginning any exercise program. The Momlete Inc. is not a licensed medical care provider and has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition.

I acknowledge that the possibility of injury exists when participating in any kind of exercise program or physical activity. I am voluntarily participating in these activities and agree to assume all associated risks and release and discharge The Momlete Inc. of any and all claims or causes of action, known or unknown, arising out of The Momlete Inc. training.

Signature: _____ Date: _____