

Medical Screening Form for Prenatal Exercise Participants Dancing Thru Pregnancy Prenatal Fitness Program

Name _____

Signature of care provider _____ Date _____

To the care provider: Please review these conditions and indicate if any now exist or existed previously. Please make any notes you think may be helpful to the fitness instructor. For specific information regarding Dancing Thru Pregnancy, please contact Lara Lotze at 457-8216, or visit our website at www.dancingthrupregnancy.com

Contraindications for exercise:

- Placenta previa
- Premature rupture of membranes (PROM)
- Incompetent cervix
- Chronic heart disease
- Premature labor
- Toxemia or PIH
- Tearing or separation of placenta (abruptio)
- Fever (or presence of infection)
- Acute and/or chronic life-threatening condition

Conditions that may benefit from exercise:

- Diabetes
- Gestational diabetes
- Hyperinsulinemia
- Overweight
- Discomforts
- Depression
- Weakness
- Lack of stamina

Conditions for assessment:

- Marginal or low-lying placenta
- History of IUGR
- Diabetes or hyperinsulinemia
- Irregular heartbeat or mitral valve prolapse
- Anemia
- Multiple gestations
- Thyroid disease
- 3 or more spontaneous abortions
- Excessive over- or underweight
- Extremely sedentary lifestyle
- Asthma

Warning signs or symptoms:

- Edema of face and hands
- Severe headaches
- Hypertension
- Dizziness or disorientation
- Palpitations or chest pain
- Difficulty walking
- Nausea
- Bleeding or fluid discharge
- Regular strong contractions
- Cramps
- Fever



Dancing Thru Pregnancy
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