



GEELONG

Physical Therapy Centre

PERFORMANCE • HEALTH • LONGEVITY

Reconnect class intake form

Contact details

Name: _____ Child's name: _____

Age of child/ children _____ Contact number: _____

Emergency contact: _____

About you

Current injuries: _____ Current physical activity: _____

Previous physical activity during pregnancy: _____

Any medication: _____

Type of pregnancy/birth: (PLEASE CIRCLE)

High risk Low risk Natural C-section Multiples Preterm delivery

Assisted natural Gestational diabetes High blood pressure

Low blood pressure Pelvic pain in pregnancy Pelvic pain postpartum

Any other medical history:

Reconnect Program Direct debit

First name: _____

Last name: _____

Payment type: Direct Debit/Once only debit

Email address: _____

Mobile number: _____

Direct Debit start date	Amount:
Occurrences: _____ Weeks/ Ongoing (circle)	Frequency:

Date: _____

Sign: _____

The Reconnect Program provides group classes that are tailored to suit post-partum women, however, each individual has a different pregnancy, birth and injury history. Please note that the class will be tailored to suit individuals as well as possible but if you do require further assistance with injury or pain during physical activity please seek individual consultation and cease class activity. All injuries and history on this intake form will be considered, it is up to the individual to notify the teacher of any changes.

The reconnect classes provides their own babysitting service. All babysitters have police check and working with children's check. Although this service is provided it is still your child is still your responsibility while in Geelong Physical Therapy building.

Name: _____

Child's/ Childrens name: _____

Sign: _____

Thank you for completing this form. If you haven't already, please sign in children in the 'sign in' book at the front desk. This is required at the beginning of each session for legal and insurance purposes.