

Prenatal Intake Sheet

Client Name: _____

Weeks pregnant: ____ G ____ P ____

Parmed-x: _____

Waiver: _____

Health Hx including medical concerns, injuries:

Current pregnancy including medical concerns, aches, pains, complications:

Fitness background:

Current level of fitness/work/ADLs (day in the life):

Let's Make A Plan

Goals from sessions?

What time is allotted for fitness?

What is preferred type of activity?

What resources are available?

What support is in place?
