



Aquatic Pregnancy Program



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Being in the water during pregnancy helps alleviate the pressure on your joints and back allowing you to gain strength and stay active throughout your pregnancy.

Bay Area Rehabilitation Center's (BARC) indoor, junior Olympic-sized pool stays at a warm 89 degrees year-round so that you may enjoy your water exercise all year long!

The BARC Aquatic Pregnancy Program currently provides one class twice a week,

Monday 9:00AM to 10:00AM and

Wednesday 3:00PM 4:00PM.

All trimester mamas are welcomed!

This class will focus on women's health to help improve daily life. Exercises will include total body stretches, balance, pelvic floor, and much more.

Hot Tub / Spa Concerns

Pregnant participants will not be allowed in the hot tub at all. The increased heat could cause increased swelling and damage to your fetus and lead to birth defects.

Aquatic Pregnancy Program Fee Schedule

\$65 per month – 2 days each week (1 hr class per day)

\$10 drop-in – for each 1 hr class

We welcome payment by cash, check, & credit card
(American Express, Visa, MasterCard, Discover)

- All monthly fees are due every first Monday or Tuesday on the month, prior to any class attendance for that month

- Drop-in fees must be paid prior to any class attendance

- There are no discounts on monthly fees

- Monthly fees represent enrollment for a particular month and it is up to the participant to use the available exercise days in that month. Unused days and the associated fees DO NOT carry over to the following month. Fees will be refunded only in the event that the center forces a closure of the program for an extended period of time.

Aquatic Pregnancy Program Participant Information

Date: _____

Client's name: _____

DOB: _____

Sex: Female Male

Gender: Female Male

Address: _____

City/State/Zip: _____

Primary Phone number: _____

Home Cell Work

Secondary Phone Number: _____

Home Cell Work

Email Address: _____

In the event class has to be canceled due to maintenance or weather, how would you like to be notified? Phone Email

Marital Status: _____ Spouse's Name: _____

Primary OB Name: _____

Phone Number: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____ Home Cell Work

Address: _____

Referral source: _____

Health History Questionnaire

(Information provided will be kept confidential and is used to help better tailor the program to your specific needs)

Date: _____ Weeks along: _____

Name: _____

Height: _____ Pre-pregnancy Weight: _____

Current Weight: _____

1) Have you ever been diagnosed with any of the following?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Angina | <input type="checkbox"/> Anxiety or depression |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | |
| | <input type="checkbox"/> Diabetes | |

2) Do you currently have any of the following?

- Joint/ muscle pain Back pain Shoulder/ neck pain

3) Please list any medications that you are currently taking (if more space is needed please write on back of this sheet)

Amount

Times per day

4) Do any of the medications you are currently taking effect your physical and/or mental ability properly? Yes No

5) Have you been hospitalized, had any illnesses or surgical procedures within the past 2 years?

Yes No

If yes, please explain:

6) Please check any conditions problems (if any) you are currently experiencing

Limited Range of motion

Light-headed or fainting

Migraine or recurrent headaches

unusual shortness of breath

swollen, stiff or painful joints

Chest discomfort

Knee problems

Neck problems

Fatigue

Trouble sleeping

Ankle swelling

Foot problems

Intestinal problems

Cold hands or feet

Other:

7) Please check any conditions problems (if any) you are experiencing from your pregnancy

Back Pain

Placenta Previa

Carpal tunnel syndrome

Anxiety & Depression

Obesity

Anemia

Gestational Diabetes

Preeclampsia

Congenital Disorder

Hyperemesis gravidarum

Ectopic Pregnancy

Other

8) Do you usually eat 3 meals a day? Yes No

9) How would you rate your pre-pregnancy activity level?

Highly active Moderately active Low activity

10) How would you rate your current pregnancy activity level?

Highly active Moderately active Low activity

11) What activities (if any) do you currently take part in for exercise?

Running/jogging

yoga

Dance

Sports

Walking

Swimming

Biking

other

12) What is your goal for joining the class?

Maintain weight

Staying active

Knowledge in women's health

Other

Aquatic Pregnancy Program
Participant Waiver

I, _____ understand that participation in Bay Area Rehabilitation Center's Aquatic Pregnancy Program is based upon my own interest in the program and I alone am responsible for my own health and well-being while participating in the program. I agree to participate in an appropriate level of exercise that will not place my own health at risk. I understand the program includes the standard pool conditions as follows.

1. Pool water temperature between 88° and 90°F
2. Room climate between 80-87°F, humidity between 45 and 55%
3. The spa is off limits to pregnant clients due to the heat of the water

Participant Signature: _____

Date: _____



Aquatic Exercise Program Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	High Intensity Class		High Intensity Class		High Intensity Class
8:00					
9:00	Pregnancy Wellness				
10:00	High Intensity Class	High Intensity Class	High Intensity Class	High Intensity Class	High Intensity Class
11:00		Open Swim		Open Swim	
12:00					
1:00	Low Intensity Class	Parkinson's Class	Low Intensity Class		Low Intensity Class
2:00					
3:00			Pregnancy Wellness		
4:00	Open Swim		Open Swim		
5:00	Kids Class		Kids Class		

Classes are one (1) hour long each.

\$10 – per day

\$65- monthly 2x week

\$80- monthly 3x week