

Pre Natal Pre Exercise Questionnaire

Name		Email	
Address		Tel No	
Emergency Contact Name		Tel No	
Expected Delivery Date		Hospital	
Medical Practitioner		Tel No	

Please answer the following questions:

Section One: General Information	Yes	No
Has your GP ever said you have a heart condition?		
Do you ever have pain in your chest during physical activity?		
Have you recently experienced chest pain whilst at rest?		
Do you suffer from dizziness or ever lose consciousness?		
Do you have a back, pelvic or joint problem that could be made worse by exercise?		
If yes please give details:		
Do you have high blood pressure?		
Do you suffer with diabetes?		
Have you ever previously experienced any major pregnancy complications or miscarriage?		
If yes please give details:		

Have you previously experienced any minor problems associated with pregnancy?		
If yes please give details:		

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE CHECK WITH YOUR GP OR MIDWIFE BEFORE EXERCISING PLEASE ALSO INFORM YOUR INSTRUCTOR

Section Two- Additional Information	Yes	No
Is this your first pregnancy?		
Are you a regular exerciser?		
If yes please give details:		
Is there anything you would like to discuss with your instructor prior to exercise?		
If yes please give details:		

Section 3- Informed Consent
<ul style="list-style-type: none"> • I have answered all the sections on this form honestly and to the best of my knowledge • I understand the potential benefits of participating in this exercise programme and have been informed of any risks • I understand that participation is voluntary • I understand that my instructor will need to be informed of any changes in my condition • I confirm that I have acted on any issues arising from the questions on this form, and have obtained medical advise where required [as indicated on the form]

Please tick to give permission to be added to our mailing list for information on our classes

Signature		Date	
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Post Natal Pre Exercise Questionnaire

Name		Email	
Address		Tel No	
Emergency Contact Name		Tel No	
Baby's Name		DOB	
Medical Practitioner		Tel No	

Please answer the following questions:

Section One: General Information	Yes	No
Has your GP ever said you have a heart condition?		
Do you ever have pain in your chest during physical activity?		
Have you recently experienced chest pain whilst at rest?		
Do you suffer from dizziness or ever lose consciousness?		
Do you have a back, pelvic or joint problem that could be made worse by exercise?		
If yes please give details:		
Do you have high blood pressure?		
Do you suffer with diabetes?		
Did you suffer any problems or complications during pregnancy?		
If yes please give details:		
Did you suffer any complications or problems during delivery or after?		

If yes please give details:		
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IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CHECK WITH YOUR GP OR MIDWIFE BEFORE EXERCISING, PLEASE ALSO INFORM YOUR INSTRUCTOR

Section Two- Additional Information	Yes	No
What type of delivery did you have?		
Have you had your post natal check up?		
Was everything satisfactory? Please give details if no:		
Did you exercise during pregnancy?		
If yes please give details:		
Is there anything your instructor needs to know prior to exercise?		
If yes please give details:		

Section Three- Diastasis Recti check	Yes	No
Has the Diastasis Recti check been performed?		
Outcome:		

Section 3- Informed Consent

- I have answered all the sections on this form honestly and to the best of my knowledge
- I understand the potential benefits of participating in this exercise programme and have been informed of any risks
- I understand that participation is voluntary
- I understand that my instructor will need to be informed of any changes in my condition
- I confirm that I have acted on any issues arising from the questions on this form, and have obtained medical advise where required [as indicated on the form]

Please tick to give permission to be added to our mailing list for information on our classes

Signature		Date	
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