

PRE-EXERCISE QUESTIONNAIRE

Postnatal Screening Form

Please read the questions carefully and answer them to the best of your knowledge. The questions below are about your general health and well-being along with specific questions related to your pregnancy.

Name: _____ Age: _____

Address: _____

_____ Post Code: _____

Email: _____

Your details will be added to our database and used to contact you (under 18's information will only be held if this form is signed by a Parent/Guardian). We will use this information to keep you up to date with the classes being run.

If you **do not** wish to receive this information please tick here

Occupation: _____ Phone (h) : _____ (M): _____

Contact in case of accident: _____ Phone: _____

Delivery Date: _____ Dr/Midwife: _____

Dr's Address: _____

Tel: _____

		YES	NO
<u>1</u>	Have you finished bleeding since the birth of your baby?	<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	Have you had your postnatal check? If No please inform your instructor when it has been done.	<input type="checkbox"/>	<input type="checkbox"/>
3	How old is your baby?..... Today's Date:		
4	Please ring the type of delivery you had: Vaginal Forceps Ventouse Caesarean Section		
5	Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	Do you feel well?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have any injuries or joint problems that may affect you during the session? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you any illnesses/ disabilities/ conditions that may affect you during these sessions? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever been advised NOT to exercise during this or previous pregnancies? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>
10	Please note any other problems you feel may affect your participation in your exercise programme either in general or related to your pregnancy		

	YES	NO
11 Have you been recommended to attend this session by a physiotherapist or health professional? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>
Please give details of contact and telephone numbers should you wish me to speak to them?		

IF YOU HAVE ANSWERED YES TO ONE OR MORE OF THE ABOVE QUESTIONS, your instructor will need more information. You may also need to get clearance from your doctor before starting any exercise programme

Please feel free to mention anything else that may alter in your general health both now and in the future, whilst every effort is made to keep the session both safe and effective there is a risk of injury with any programme of activity.

On rare occasions there may be a stand-in teacher, please feel free to inform the cover teacher if you have any specific problems that need to be dealt with during the session.

Feel free to discuss any questions you may have regarding your exercise programme at any time with your instructor.

I am participating in this session of my own free will.

Signature _____ Date _____

The following section is for instructor use.

Advice Given:

Referrals:

Trainer Signature _____ Date _____