

**PRE-EXERCISE QUESTIONNAIRE**  
Pregnancy Screening Form

These sessions are designed for healthy girls without complications. All other cases should seek approval from health professionals prior to attending the sessions.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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: \_\_\_\_\_

Due Date: \_\_\_\_\_ Dr/Midwife: \_\_\_\_\_

Dr's Address: \_\_\_\_\_

Tel: \_\_\_\_\_

|    |  | YES                      | NO                       |
|----|--|--------------------------|--------------------------|
| 1  | Have you ever had any advice from a doctor or other medical professional not to exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Are you currently attending any other exercise classes? If yes, please give details.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Have you ever had or do you currently have any injury? If yes, please give details.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Do you suffer with backache?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Do you have any special needs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Have you, or do you suffer from any of the following? Please tick<br>Anaemia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/><br>High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Thrombosis <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Is this a multiple pregnancy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Have you had assisted conception (IVF etc)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Have you had any vaginal bleeding since conception? If yes, then we advise you consult your midwife or GP.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Has any medical professional diagnosed Placenta Previa?<br><b>Should you experience any vaginal bleeding or discharge at any time you should stop exercising and consult your doctor or midwife.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Have you had excessive nausea or vomiting?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Have you noticed any swelling (oedema)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Do you have difficulty walking?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Do you have pubic pain or have you ever been told that you have separation of the Symphysis Pubis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Have you been admitted to hospital up to this date? If yes, please give details.   | <input type="checkbox"/> | <input type="checkbox"/> |

**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**

**Exercise History**

What exercise have you been doing recently? Exercise Type: \_\_\_\_\_

Intensity (circle) **Hard Medium Light** How Long:\_\_\_\_(month/years) How Often:\_\_\_\_\_ (once a week)

**I acknowledge that I have not withheld any relevant information relating to my present health status. I understand it is my responsibility to inform my Instructor of any future changes in health that may occur or of any problems I experience when exercising.**

Whilst safe and effective exercise may produce many health benefits, it is important to realise there is also the low possibility of exercising causing some difficulties. It is recommended that to avoid any risk, you start to exercise at a low level and gradually build up your fitness. Initially you may experience some local muscular soreness and slight fatigue, but as the programme continues, they should disappear. I understand that there may be a small risk in starting an exercise programme and I undertake to inform my Instructor if I experience any problems when exercising.

Signed: \_\_\_\_\_ Date:\_\_\_\_\_

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

Empty box for additional information.

**COMMENTS/ADVICE GIVEN**

**NOTES**