



ANTE NATAL HEALTH FORM

Please note that all information given will be treated confidentially.

Name

Address

Mobile

Home Phone

E-mail Address

D.O.B.

Due Date

Hospital

Contact for special situations:

Name of Contact

Home Phone

Work Phone

Mobile

Regular physical activity is fun and healthy, especially during pregnancy. It is, however, recommend that this questionnaire is checked with a doctor before embarking on any new activity programme.

Please tick the relevant spaces: Yes No

1. Have you ever been told that you have high blood pressure? ---- ----

2. If you do have raised blood pressure, is this pregnancy related? ---- ----

3. Has your doctor ever recommended medication for your blood pressure or a heart condition? ---- ----

4. Do you suffer from diabetes? ---- ----

5. If you do suffer from diabetes, is this pregnancy related? ---- ----

6. Is this your first pregnancy? ---- ----

7. If not, how many pregnancies have you had? ---- ----

8. Were you a regular exerciser before becoming pregnant? ---- ----

 If yes, please give details:

9. Do you have any pelvic floor, back or other joint problems that could be made worse by a change in your physical activity? ---- ----

10. Do you suffer from any other pregnancy related conditions that may affect you during exercise participation? ---- ----

(heartburn, nausea, soreness...etc.)

 If so, please give details:

11. Do you do / intend to do any other exercise in addition to this? ---- ----

12. Are you aware, through your own experience or through your doctor's advice, of any other physical reason why you should not exercise with or without medical supervision? If yes, please ---- ---- give details in the space provided.

If you have answered 'yes' to any of the previous questions then you may be required to have your doctor's consent, along with a signed letter, before partaking in any of the fitness sessions.

N.B. This is with the exception of answering 'yes' to questions 6, 7, 8 & 11.

I hereby state that I have read, understood and answered honestly the pre-exercise questionnaire, as well as any other relevant pre-exercise forms. Any questions I had were answered to my full satisfaction. I also state that I wish to participate in activities which may include circuit training exercises using equipment. I realise that my participation in these activities involves the possible risk of injury. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me and understand that I am taking part entirely at my own risk and waive any legal recourse for damages to myself or my property which may arise from my participation.

Signature of client:

Date

Signature of doctor / midwife (if required):

Date

Signature of trainer on behalf of '*Genesis Fitness*':

Date
