



## POST NATAL HEALTH FORM

Please note that all information given will be treated confidentially.

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Name

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Address

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Mobile

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Home Phone

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E-mail Address

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D.O.B.

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Delivery Date

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Hospital

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Contact for special situations:

Name of Contact

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Home Phone

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Work Phone

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Mobile

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The following questionnaire is to ensure that the exercise participated in is as safe and appropriate as possible. Therefore, it is recommended 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. Was this your first pregnancy?    ----    ----

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

8. Were you a regular exerciser before and during pregnancy?  
If yes, please give details:    ----    ----

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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:

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

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12. Have you had your post natal check up? ---- ----

13. If you have had your post natal check up, was everything satisfactory? Please also give details: ---- ----

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14. What type of delivery did you have?

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15. 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. ---- ----

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*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. If you answered 'no' to questions 12 or 13 then the same rule applies.*

*N.B. The above rule is with the exception of answering 'yes' to questions 6, 7, 8 & 11.*

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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:

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Date  
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Signature of doctor / midwife (if required):

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

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Date  
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