Post Natal Mums
Pre Exercise Questionnaire

Name: _____ D.O.B. _____ Age: _____

Address: _____ Mobile Phone No.: _____

_____ Work contact No.: _____

Email: _____ Position: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Date of last Medical check up: _____

Babies Name & Birthday: _____

_____

A) Have you ever had or do you have:

1.	High blood pressure?	Yes ☐	No ☐
2.	High cholesterol?	Yes ☐	No ☐
3.	Any heart/stroke condition?	Yes ☐	No ☐
4.	Rheumatic fever?	Yes ☐	No ☐
5.	Gout?	Yes ☐	No ☐
6.	Stomach/duodenal ulcer?	Yes ☐	No ☐
7.	Liver/kidney condition?	Yes ☐	No ☐
8.	Diabetes?	Yes ☐	No ☐
9.	Epilepsy?	Yes ☐	No ☐

B) Have you ever had or do you have:

1.	Breathing difficulties or Asthma?	Yes ☐	No ☐
2.	A hernia?	Yes ☐	No ☐
3.	Arthritis?	Yes ☐	No ☐
4.	Regular headaches?	Yes ☐	No ☐
5.	Pain/tightness in the chest?	Yes ☐	No ☐
6.	Pounding, palpitating heart?	Yes ☐	No ☐
7.	Chronic cough?	Yes ☐	No ☐
8.	Family history of heart disease, stroke or raised cholesterol of relatives under 65 years of age?	Yes ☐	No ☐
9.	Do you smoke?	Yes ☐	No ☐

C)

1) How many children do you have? _____

2) Have you had your post natal check up (6 Weeks)? Yes ☐ No ☐

Please list any complications or existing medical conditions _____

_____

_____

3) Do you have an abdominal muscle separation (diastisis)? Yes ☐ No ☐

If yes please detail _____

4) Are you currently taking any prescription medicine? Yes ☐ No ☐

If yes please detail _____

5) Do you have any infectious diseases? Yes ☐ No ☐

If yes please detail _____

Are you currently participating in any form of exercise? _____

_____

What physical activities are you planning to begin this year? _____

_____

INFORMED CONSENT

I herby acknowledge that the information provided above regarding my health is to the best of my knowledge, correct. I will inform OUTFIT health + fitness and the exercise specialist immediately of any changes to the above information.

DISCLAIMER

I acknowledge that during physical activity an accident may occur involving injury or damage. In signing this form I indemnify OUTFIT health + fitness and its instructors from all legal actions, injury claims, loss, damage, penalties and costs arising from participation in this exercise program.

Signature: _____ Date: _____

☐ I do not wish to receive any information, updates or promotions from OUTFIT health + fitness

_____

Staff Use Only

A) B) C) D)

Action Taken; _____ Date: _____