

Pre screening for antenatal & postnatal classes



Today's date:

What are your goals?

Name:

Baby's name:

Date of birth:

Baby's date of birth/due day:

Address:

Postcode:

Next of kin, name, relationship to you & number:

Home telephone:

Occupation:

Mobile number:

Email address:

To be completed. Very Important!!

DOCTOR:

MIDWIFE:

SURGERY:

TEL NO:

NO. OF OTHER CHILDREN

Previous Exercise: (briefly outline)

Please tick if you have experienced any of the following, & adding past or present.

- | | | |
|----------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hypoglycaemia | <input type="checkbox"/> Multiple births |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Pelvic/abdominal cramps | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Vaginal bleeding | <input type="checkbox"/> Knee problems |
| <input type="checkbox"/> Vaginal Disorder | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Neck problems |

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Pre screening for antenatal & postnatal classes cont.

Is there anything in your medical history you feel could affect your ability to exercise?

Are you taking any medication? If so, please give details:

Is there anything about your pregnancy or birth you feel is relevant to the participation in an exercise programme?

What concerns you most about pregnancy, birth or the postnatal period?

What are your goals or reasons for participating in exercise?

FOR POSTNATAL ONLY

Date baby was born:

Type of delivery?

Did you have an episiotomy?

Are you breastfeeding?

Are you getting up at night?

How much sleep are you getting?

Are you doing othe exercise? If so, what?

I can confirm that I have had the all clear by my GP to commence suitable postnatal exercise. I am aware that I must feel well prior to each class and will notify you (the trainer) should I feel unwell at any time during the class. Whilst I am aware that every effort has been taken to ensure this exercise class is suitable for postnatal women. I understand that my participation and the safety of both my child/children and myself are my responsibility.

Signed:

Date:

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