



Bumpercise & Aquatots

ANTENATAL AQUA EXERCISE

NAME.....

ADDRESS.....

TELEPHONE NUMBER.....DUE DATE.....

Bumpercise Antenatal Exercise to Music classes are suitable for most healthy women, but there are some situations when it is inadvisable. (See the contraindications and precautions sheet). The answers to the questions on this form will help us to advise you. It is important that you tell the instructor taking the class about any changes in your medical condition as your pregnancy progresses.

BUMPERCISE & AQUATOTS

SCREENING QUESTIONNAIRE FOR ANTE AND POSTNATAL EXERCISE

If any of the following apply to you, please ring the relevant word and provide details. Your instructor will discuss the form with you before your first class. Please be honest as there are guidelines in place for the safety of you and your baby.

1. Do you have any special needs (yes / no) **CAN YOU SWIM? (yes/no)**
Details.....
2. Do you have now:
Any serious medical conditions including
Thrombosis: (yes / no) High Blood Pressure (yes / no) Diabetes (yes / no)
Epilepsy (yes / no) Heart Condition (yes / no) Asthma (yes / no)
Other (please give details).....
3. Are you taking any medications (tablets etc) (yes / no)
4. Any back or joint problems (yes / no)
Pubic or groin pain (yes / no)
Pain when walking (yes / no)
5. In the past, have you:
Had any operations (yes / no)
Any injuries (yes / no)
Had any fertility treatment eg IVF (yes / no)

Had recurrent miscarriages (yes / no)

7. This pregnancy:
Is this a multiple pregnancy (yes / no)
Do you have a low lying placenta (placenta praevia) (yes / no)
Have you had any bleeding or loss of Amniotic fluid (yes / no)
Have you had any admissions to hospital with contractions or preterm labour (yes / no)
8. Do you have a sensitivity to chlorine? (yes / no)
Do you have a fear of water? (yes / no)
Do you have chronic bronchitis? (yes / no)
Do you have low blood pressure? (yes / no)

The nature of the exercise class I am about to undertake has been fully explained to me. I am aware that all care will be taken, however, I take this class at my own risk:

Signed.....Date.....

If you encounter any further problems as your pregnancy progresses, please would you have a quiet word with me about it.

Thank you and I hope you enjoy the class.

If you answered **YES** to one or more questions, you must check with your doctor before taking part.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name.....

Signature.....Date.....

Doctor/Midwife..... Date.....

Exercise Instructor Use

If the participant has ticked **YES** to any of the pre exercise questions record the advice that you have given below: