



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

---

Are you taking any medication? 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 other exercise/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: