



POST NATAL PAR-Q & LIABILITY WAIVER

Listen to your body, take the class at your own pace and choose lower impact options if you find the high impact moves too challenging. It is vital you stay hydrated during the class, have a drink whenever you need it.

Full Name:

Email:

Tel: Date of birth:

Where did you hear about Pembury Fitness Classes:

Emergency contact (name & no):

Date of delivery:..... Type of Delivery:.....

6 Week Check-Up Date & Outcome:

Breastfeeding Status:.....

Please give details of your Pregnancy & Post Natal, include any complications, illnesses, reasons to visit your Doctor or any other Health Practitioner including Massage, Acupuncture, Pilates, Physiotherapy, Osteopathy, Chiropractor etc:

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Do you current or have you ever suffered any of the following conditions?

Please tick if YES

- Symphysis Pubis Dysfunction (pain in the central pubic area)*
- Sacrum or Sacroiliac Joint Pain (pain in the very low mid back – top of buttocks)*
- Bleeding during or after exercise or any unexplained bleeding*
- Carpal Tunnel Syndrome (Wrist/finger/hand forearm - pain/numbness or tingling)*
- Knee Pain (Side, front or back)*
- History Or Current Episodes of High/low blood pressure, episodes of faintness, dizziness or breathlessness*
- Upper Back/Neck/Shoulder Pain*
- Coccyx Damage or Pain*
- Separation of your abdominal muscles Incontinence (Urinary or Faecal)*
- Prolapse (Uterine, Bladder, Rectum, Vaginal)*
- Breast Health/Breast Feeding Issues/Mastitis*
- Piles/Haemorrhoids/Varicose Veins/ Constipation*
- Were you given an Epidural during birthing?*
- Nerve Damage During Birthing (Pudendal)*
- Gestational Diabetes*
- C-Section wound discomfort or slow healing or ongoing numbness*
- Anaemia or taking Iron medication*
- Joint Pain / Muscle Pain*
- Buttock/Piriformis Pain/Sciatica*
- Episiotomy Cut, Painful Perineum or Tears*

MEDICAL HISTORY (please circle your answers)

- 1. Have you ever suffered with epilepsy? YES / NO
- 2. Are you pregnant? If yes, how many months... .. YES / NO
- 3. Have you ever suffered from heart trouble? YES / NO
- 4. Are you presently taking any form of medication? YES / NO
- 5. Do you suffer from chest pains? YES / NO
- 6. Do you ever have spells of dizziness or feel faint? YES / NO
- 7. Have you ever had either high or low blood pressure, and/or high cholesterol? YES / NO
- 8. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO
- 9. Do you suffer from severe back pains or any orthopaedic problem? YES / NO
- 10. Do you suffer from severe headaches or migraines? YES / NO
- 11. Are you recovering from a recent illness / operation or injury? YES / NO
- 12. Have you any medical condition that we should be aware of? YES / NO
- 13. Is there any history of heart disease in your immediate family (before age 55)? YES / NO

PLEASE NOTE: If you have answered YES to any questions 1 - 13, you are advised to seek medical advice/approval before taking part in this class.

I have been informed that if I answer YES to any of the questions 1 - 13 of the questionnaire I should seek medical advice/approval before commencing this class. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered honestly.

I understand the nature of the class and confirm that I am in proper physical and mental condition to participate. If at anytime I have questions, feel unsafe or unwell I will immediately inform the Instructor (or their assistant) and discontinue further participation in the class.

I understand that neither the Instructor or Pembury Fitness can be held responsible for any injuries or ill health of any kind arising from participation within this class.

I agree to my personal contact information being used to send me important class updates *AND* other relevant updates, news and offers

IMPORTANT: If you don't tick this box it will not be possible to let you know about changes to classes, cancellations etc. You can unsubscribe at any time.

Signed:

Date:

Data Protection - This information will be stored in line with the General Data Protection Regulation (GDPR) and the Privacy Policy of Pembury Fitness.