**Health Screening Form for Pregnant & Postnatal Clients**

Please complete this form and email it back to [mumplusone@fastmail.co.uk](mailto:mumplusone@fastmail.co.uk)

**Your Details:**

**First Name: Last Name:**

**Your Date of Birth: Due Date/Baby’s Birth Date:**

**Address:**

**Home Tel: Mobile Tel:**

**Email:**

**Occupation:**

**Next of kin: Next of kin Tel:**

**Address (if different from above)**

**How many children do you have?**

**Health Care Professionals Contact Details:**

**GP: Midwife:**

**GP tel: Midwife tel:**

**Referred by:**

**Activity Details:**

**Exercise Goals:**

**Exercise History:**

**How motivated are you on a scale of 1 - 10? (1 = not at all, 10 = very)**

**Areas of specific interest or concern?**

**Medical Conditions**

**­Tick the box if you have experienced any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Shortness of breath** |  | **Blood disorder** |  |
| **Chest pain** |  | **Hypoglycaemia** |  |
| **High blood pressure** |  | **Pelvic/abdominal pain** |  |
| **Miscarriage** |  | **Arthritis** |  |
| **Seizures** |  | **Incompetent cervix or cerclage** |  |
| **Vaginal disorder** |  | **Multiple gestation** |  |
| **Vaginal bleeding** |  | **Diabetes** |  |
| **Heart disease** |  | **Multiple births** |  |
| **Any joint problem** |  | **Dizziness** |  |

**If you have ticked any of the above boxes, please give further details below.**

**Is there anything in your medical history not mentioned in this form that could affect your ability to exercise or could be affected by exercise?**

**Do you take any medication? If yes, please give details:**

**Is there anything regarding your pregnancy or birth that you feel is relevant to your participation in exercise?**

**Do you have a letter from your GP stating that you are able to exercise? Yes/No**

**Disclaimer:**

*Clients undertake all training at their own risk. You should always discuss any new exercise regime and participation in our training sessions with your GP. If you decide to participate in these sessions without the approval of your doctor, you will assume all responsibility for your participation in these activities and use of any equipment in the activities.*

*It is your responsibility to advise your instructor of any health issues or injuries that may impact your ability to undertake any or all of the training before each session commences. If you experience symptoms or injury during a session you must immediately notify the instructor.*

*In consideration of being allowed to participate in the sessions and use the facilities utilised by Mum plus One, in addition to the payment of any fee or charge, you waive, release and forever discharge Mum plus One and the instructor from any and all responsibility or liability for injuries or damages resulting from your participation in any activities or your use of equipment or facilities in the above mentioned activities, including virtual fitness training.*

*Indoor exercise to music classes, outdoor power walking and exercises and any other exercise you undertake as part of the virtual fitness training scheme are potentially hazardous activities. Exercise and fitness activities involve a risk of injury and even death. You are voluntarily participating in these activities and using equipment and facilities and by doing so you confirm your agreement to assume and accept all and any risks of injury and death.*

*You have the right to request advice from the instructor, at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for you, with particular regard to your health, safety and clothing. If you choose not to take advice, or to disregard any advice so given, you do so voluntarily and accept liability for all resulting injuries or damage.*

*By participating in a Mum plus One session or virtual fitness training scheme, whether by free trial or payment, you declare yourself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on your completed medical questionnaire) that would prevent your participation or use of equipment or facilities except as herein stated.*

*If you bring your child(ren) to a session, including virtual fitness training workouts, you are solely responsible for their safety and well-being. They will attend entirely at your own risk and you will not hold Mum plus One, the instructor or the venues responsible in the unlikely event that any injury or damage should occur.*

*Mum plus One, the instructor and the venues cannot accept responsibility for personal belongings and valuables brought to the sessions.*

*Refunds for sessions are not given other than in the case of an error on our part.*

**Signature:**

**Signed: Date:**

*(electronic signatures will be accepted)*

All data will be kept in accordance with the Data Protection Act.

**Postnatal Clients Only:**

**Date of delivery:**

**Type of delivery: (vaginal/caesarian)**

**Did you have an episiotomy?**

**Are you breastfeeding?**

**Have you had your postnatal check-up?**

**What was the result?**

**Are there any complications or medical problems that will impact your ability to exercise? If so, please describe.**

**How much sleep are you getting?**

**Will you be bringing your baby to the class?**

**Signature:**

**Signed: Date:**

*(electronic signatures will be accepted)*

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