

BODY-TORQUE PILATES

POST NATAL PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

We recommend that you check with your doctor before becoming much more physically active during or after pregnancy. Please read the questions carefully and answer each one honestly. All answers will be treated with the strictest confidence.

Do you have a heart condition? If YES, please give details.	YES	NO	Detail:-
Do you feel pain in your chest when you do any physical activity or when you are not physically active?	YES	NO	Detail:-
Do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO	Detail:-
Do you have a back, pelvic or any other joint problem? If YES, did this develop prior to or during your pregnancy? Please give details	YES	NO	Detail:-
Do you suffer from raised blood pressure? If YES, how is it being treated?	YES	NO	Detail:-
Do you suffer from diabetes? If YES, how is it being treated?	YES	NO	Detail:-
Do you suffer from asthma? If YES, how do you control it?	YES	NO	Detail:-
Are you/were you a regular exerciser? Do you intend to do any other exercise in addition to this programme	YES	NO	Detail:-
Do you know of any issue that could affect your participation in exercise? e.g. diastasis recti	YES	NO	Detail:-
Have you had your Post Natal check-up? Was everything satisfactory? If not, please give details	YES	NO	Detail:-
Are you breastfeeding your baby?	YES	NO	Baby's DOB:
Please state delivery type and any complications	Type of delivery: Complications:		

Please note: If your health changes so that you can now answer YES to any of the above questions, tell your teacher and if in doubt, seek medical advice from you GP or health professional.

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

NAME _____ DATE _____ SIGNED _____

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