



Grow to glow fitness

POSTNATAL PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Prior to completing any exercise with grow to glow fitness it is very important that you have been cleared to complete exercise by your doctor at your 6 week check post-birth.

CLIENT INFORMATION

Name: _____ Address: _____
DOB: _____
Telephone: _____ Email _____
Address: _____

PRE-EXERCISE HEALTH CHECKLIST

1. GENERAL HEALTH STATUS

In the past have you experienced;

1. Miscarriage in an earlier pregnancy? Yes No
2. Did you have any pregnancy complications? Yes No

If you answered YES to questions 1 and or 2 please explain. _____

Number of previous pregnancies? _____

2. STATUS OF MOST RECENT PREGNANCY

1. Date of Delivery: _____ / _____ / _____

2. Type of Delivery: (Vaginal/Assisted/C-Section) _____

3. 6 Week Check up Date and Outcomes: _____

4. Breastfeeding status: _____

5. Postnatal Bleeding status: _____

6. Recently Fitted Intra Uterine Device (IUD)?: _____

3. PLEASE GIVE DETAILS OF YOUR PREGNANCY & POSTNATAL; Include any complications, illnesses, reasons to visit your Doctor, or any other health professional including massage, accupuncture, pilates, physiotherepy, osteopathy, chiropractor etc.



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4. DO YOU CURRENTLY OR HAVE YOU EVER SUFFERED ANY OF THE FOLLOWING CONDITIONS?: PLEASE INDICATE 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 Feecal)	Prolapse (Uterine, Bladder, Rectum, Vaginal)	Breast Health/Breastfeeding 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 (Degree if known)

READINESS & LIFESTYLE QUESTIONS

1. Please detail any relevant/important information relating to previous Pregnancies and Post Birth periods, such as periods of illness or negative outcomes

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2. Are you able to count on your significant others for support on your postnatal exercise journey?

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3. Can you briefly detail your previous and current exercise abilities/activities?

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4. Can you detail which fitness activities you like and dislike?

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CLIENT SIGNATURE:

DATE:

TRAINER SIGNATURE:

DATE: