

Post Partum Physical Activity Readiness Questionnaire

About you and your birth experience(s)

NAME: _____
PHONE NO. _____
EMAIL: _____
DATE OF BIRTH: _____
DATES OF DELIVERY: _____
DELIVERY TYPE (VAGINAL/ASSISTED/C-SECTION) _____
TEARING (DEGREE IF KNOWN) _____
POST NATAL BLEEDING STATUS _____
ANY OTHER COMPLICATIONS _____
ARE YOU BREASTFEEDING _____
CURRENT ACTIVITY LEVEL _____

Have you met with any of the following health care providers during or after your pregnancy?

PHYSIOTHERAPIST | ACUPUNCTURIST | CHIROPRACTORS
PLEASE DESCRIBE REASON FOR YOUR VISIT(S)

Do/have you experienced any of the following? If so, please provide details for when these occurred:

MUSCULOSKELETAL

- Pain in central pubic area
- Lower back pain or sciatica
- Neck pain
- Coccyx damage or pain
- Knee pain
- Any other joint pain

WOMENS HEALTH

- Heaviness, dragging or bulging in the pelvic area
- Diagnosis of pelvic organ prolapse
- Hysterectomy
- Leaking urine when cough/sneeze./exercise
- Strong and sudden urge to urinate
- Difficulty/discomfort with passing urine
- Uncontrollable gas
- Leaking of feces
- Straining during bowel movements
- Unexplained bleeding during or after exercise

OTHER

- Hemorrhoids/varicose veins/constipation
- Gestational diabetes
- High/low blood pressure

The Mum Gym strongly recommends that you consult with your doctor before beginning any exercise program. You should be in good physical condition and be able to participate in the exercise. The Mum Gym is not a licensed medical care provider and represents that it has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition.

You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury. If you engage in this exercise or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself and those under your care, and agree to release and discharge The Mum Gym from any and all claims or causes of action, known or unknown, arising out of negligence.

Please note, that although babies and children are allowed attend class they are not part of the exercise and remain the full responsibility of their parent / guardian at all times.

Signature_____

Date:_____

Are you happy for photos to be taken during the class which may or may not be used for promotional purposes on The Mum Gym website and/or social media accounts.

YES / NO