

Barreworks

CONFIDENTIAL QUESTIONNAIRE EXERCISE DURING PREGNANCY

Full Name:

Date of Birth:

Address:

Tel:

Email:

Occupation:

Stage of pregnancy (at time of completing questionnaire):

Exercise during and post-pregnancy is very safe, provided that both mother and baby are in good health. Certain exercises within our classes may be adapted at appropriate stages of your pregnancy to ensure you and your baby's comfort is paramount and careful attention will be made to your movements at all times.

Regular exercise during pregnancy brings a wide variety of benefits to both mother and baby, but for peace of mind, please seek permission from your doctor/midwife or caregiver prior to exercising.

There are certain '*contra-indications*' to exercising (according to *ACOG guidelines*, published 2002). Please advise if you have any of the following:

Significant heart disease	
Lung disease (for example, severe asthma)	
Incompetent cervix/cerclage	
Multiple gestation (twins or triplets) at risk for premature labour	
Persistent second or third trimester bleeding	
Placenta previa (where the placenta covers the cervix) after 26 weeks'	
Premature labour during your current pregnancy	
Ruptured membranes	
Preeclampsia/pregnancy-induced hypertension (high blood pressure)	

Please advise if you have any of the following '*relative contraindications*' to exercising (it is safe to continue to exercise with any of these conditions, but extra supervision from your doctor/midwife/caregiver is advised):

Severe anaemia	
Unevaluated maternal cardiac arrhythmia (irregular heart beat)	
Chronic bronchitis	
Insulin dependent type 1 diabetes	
History of extremely sedentary lifestyle	
Intrauterine growth retardation (baby that is 'small for dates') in current pregnancy	
Poorly controlled hypertension (high blood pressure)	
Orthopaedic limitations	
Poorly controlled hyperthyroidism	
Poorly controlled seizure disorder	
Heavy smoker	

Please provide any other information you feel may be relevant.	
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Whilst every effort is made to ensure that exercises are suitable for individual clients, we cannot be held responsible for personal injuries sustained during class. Always check with your doctor prior to exercising.

I agree to discontinue exercise and advise my instructor if at any point I experience any of the following; *vaginal bleeding, shortness of breath prior to exertion, dizziness, headache, chest pain, extreme muscle weakness, calf pain or swelling, preterm labour, decreased foetal movement, amniotic fluid leakage.*

I have read, understood and completed this questionnaire. I understand that I may choose to stop an exercise at any time for any reason and will inform the teacher of any discomfort. I will also advise the teacher of any changes in my health status, which may affect my ability to perform certain exercises and will keep the teacher informed of the stage of my pregnancy, on-going.

Signed:.....

Date: / /