Blissful–Babies ‘Fitness for Pregnancy & Beyond’

Screening Questionnaire and Consent Form

Participant Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | Date of Birth |  | |
| Address |  | |  | |  | |
|  | |  | |  | |
| Height |  | Weight |  | | BMI |  |
| Contact Number |  | |  | |  | |
| *Emergency Contact* Name / Tel |  | |  | |  | |
| Doctor Name |  | |  | |  | |
| Doctor Contact Tel |  | |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am interested in joining the following sessions; | | |  | | |
| Aquanatal Fitness |  | Antenatal Pilates |  | Buggy Workout |  |
| Post Natal Pilates |  | Baby Yoga |  | Baby Massage |  |

General Health Questions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Please Indicate Yes or No to the following questions* | | | | | Yes | No |
| Has your Doctor ever said you have heart trouble? | | | | |  |  |
| Do you ever have pains in your chest and heart? | | | | |  |  |
| Do you ever feel faint or have dizzy spells? | | | | |  |  |
| Do you suffer from asthma? | | | | |  |  |
| If Yes, do you require an inhaler? | | | | |  |  |
| If Yes, how many times a day may you use your inhaler? | | | | |  |  |
| 1 or 2 |  | Between 2 and 5 |  | More than 5 times |  |  |
| Has your Doctor/ Midwife ever said your blood pressure is? | | | | Too High |  |  |
| Too Low | | | | |  |  |
| Has your Doctor ever said you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | | | | |  |  |
| Are you a smoker? | | | | |  |  |
| If Yes, how many cigarettes do you smoke per day? | | | | | |  |
| 1 to 3 |  | 3 to 6 |  | More than 6 |  |  |
|  | | | | | Yes | No |
| Are you taking any form of medication? | | | | |  |  |
| **IF YES, PLEASE STATE MEDICAL CONDITION AND MEDICATION NAME AND DOSE** | | | | | |  |
|  | | | | | |  |

Pregnancy Specific Questions (Only Applicable if you are pregnant)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How many weeks pregnant are you? | | | | | | |  | |  |
| If you know, please indicate if you are pregnant with; | | | | | | | | |  |
| Singleton |  | Twins |  | Triplets |  | Quadruplets | |  |  |
| Has your Doctor or Midwife told you that you have a pregnancy contraindication such as; | | | | | | | Yes | | No |
| High Blood Pressure | | | | | | |  | |  |
| Pre-Eclampsia | | | | | | |  | |  |
| 3 or more consecutive miscarriages | | | | | | |  | |  |
| Diabetes | | | | | | |  | |  |
| Growth Concerns / Developments with Baby | | | | | | |  | |  |
| Bleeding during the second trimester | | | | | | |  | |  |
| Placenta praevia after 26 weeks | | | | | | |  | |  |
| Pelvic Girdle Pain / Symphysis Pubis Dysfunction? | | | | | | |  | |  |
| Any other conditions not listed | | | | | | |  | |  |

|  |
| --- |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS** |
|  |

**IF YOU ANSWER YES TO ONE OR MORE OF THESE QUESTIONS, YOU SHOULD CONSULT YOUR MIDWIFE AND MYSELF BEFORE PARTICIPATING IN EXERCISE.**

Post Natal

*(resuming exercise following the birth of your baby)*

|  |  |
| --- | --- |
| What was the birth date of your baby? / How old is your baby? |  |
| Baby’s name |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please indicate the type of delivery you had; | | | | | |  |
| Normal Vaginal Delivery |  | Instrumental Delivery |  | Caesarean Section |  |  |
|  | | | | | Yes | No |
| Has your Doctor or Midwife told you / baby NOT to exercise? | | | | |  |  |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS HERE** | | | | | |  |
|  | | | | | |  |
|  | | | | | Yes | No |
| Have you and your baby received your 6-8 week post-natal check with your GP? | | | | |  |  |
| **IF ANY PROBLEMS WERE IDENTIFIED, PLEASE PROVIDE FURTHER DETAILS HERE** | | | | | |  |
|  | | | | | |  |
|  | | | | | Yes | No |
| Has your baby been diagnosed with any hip problems | | | | |  |  |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS HERE** | | | | | |  |
|  | | | | | |  |
|  | | | | | Yes | No |
| Does your baby have any health concerns? Medical conditions? Please include allergies here – DETAILS TO BE EDITED OVERLEAF | | | | |  |  |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS OVERLEAF** | | | | | |  |
|  | | | | | |  |

Current Health & Exercise

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Prior to pregnancy did you take part in any regular exercise? |  |  |
| Are you confident in water? *(Aquanatal only)* |  |  |
| Have you attended a Pilates class previously? *(Pilates only)* |  |  |
| Do you have any concerns with gentle jogging? *(Buggy Workout only)* |  |  |
| Have you attended a Yoga session / Baby Yoga before? (*Baby Yoga only)* |  |  |
| Is there any good physical reason NOT mentioned here, why you should NOT follow any activity programme even if you wanted to? |  |  |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS** |  |  |
|  |  |  |

**IF YOU ARE STILL EXPERIENCING BLEEDING FOLLOWING THE BIRTH OF YOUR BABY, IT IS NOT APPROPRIATE FOR YOU TO ATTEND A WATER BASED EXERCISE CLASS, YOU SHOULD CONSULT YOUR MIDWIFE.**

Confirmation

I confirm I have completed this form honestly and hereby acknowledge that the nature of the exercise class I / my baby are about to undertake has been fully explained. I will inform the Midwife/ instructor of any changes to the above should they arise. Whilst I am aware that all care will be taken, I take part in this exercise class at my own risk, I understand that I can participate at my own pace and have the right to withdraw from the sessions at any time. If I am ever in doubt of my own / baby’s health I will seek the advice of a medical practitioner before proceeding.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

*(PRINT NAME IF SIGNING ELECTRONICALLY)*

## Data Protection and Personal Information

Due to the new Data Protection Laws being introduced in May 2018 it is important that you read and state your preferences to the questions below. Blissful-Babies ensures that it is compliant with the new legislation regarding the storage and maintenance of your personal information. You are free to request a copy of any personal information held by Blissful-Babies at any time.

What Information will we hold?

Blissful-Babies will only hold personal information relating to the individual, including the health assessment and contact details form. If there is any information included in this form which you wish not to be retained, please contact Blissful-Babies to state your preferences.

Blissful-Babies will retain records of your account including session logs and payment history. All information and documentation are held securely by Blissful-Babies and is not accessible by third parties.

How is your information used?

The information you have provided to Blissful-Babies is used to ensure that the exercise classes are suitable for you and to provide a record that all necessary information was disclosed at the point of registration. At no time will your information be passed to any other organisation outside of Blissful-Babies.

Request for your information

You are free to request a copy of your information held by Blissful-Babies at any time. Please contact Sara@Blissful-Babies.co.uk with your request.

If you decide to stop exercising with Blissful-Babies and wish for your records to be deleted. Please contact Sara@Blissful-Babies.co.uk with your request.

I agree for Blissful-Babies to contact me regarding my bookings and future sessions by the email I have provided

YES NO

I agree for Blissful-Babies to contact me regarding my bookings and future sessions by the contact telephone number I have provided

### YES NO

I agree that Blissful-Babies may retain information about me, specifically my/ baby’s health assessment form containing emergency contact details and medical information until such time that I instruct them to remove my records

### YES NO

I agree for Blissful-Babies to take photo’s during my / our session, to be used on the Blissful-Babies website to help promote sessions, until such time I instruct them to remove them

YES NO

## Payment Information

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Aquanatal costs: | Individual break down from £ 8.50 | per person |
|  | Block payment for 5 Sessions from £40.00 | per person |
| Pilates costs: | Individual Session from £ 9.50 | per person |
|  | Block payment for 5 Sessions from £45.00 | per person |

*(Aquanatal and Pilates costs may vary dependant on location, see website for details)*

Buggy Fitness costs: Individual Session £ 3.50 per person

Block payment for 5 Sessions £15.00 per person

Post Natal Pilates: Individual break down £9.50 per session

Baby Yoga Individual break down £9.50 per session

*(****All sessions are booked and paid for, for the total month, prices will vary depending upon the weeks in the month)***

**Payments details will be sent with the booking confirmation invoice.**

**If paying by bank transfer, please reference your payment with your full name, and the class you are paying for.**

I look forward to seeing you there.

Thank you

Sara x

|  |  |  |
| --- | --- | --- |
| Email: |  | Sara@Blissful-babies.co.uk |
| Website: |  | www.blissful-babies.co.uk |
| Tel: |  | 07809710655 |