



Post-natal client form

NAME: _____ Phone: _____

Address: _____

Email: _____

Name and D.O.B of your child/ren:

Name: _____ D.O.B _____

Name: _____ D.O.B _____

Name: _____ D.O.B _____

Has your Doctor or Midwife completed your 6-8 week postnatal check (please circle)

YES / NO

What are your goals for participating in exercise?

Did you exercise during your pregnancy? (please circle)

YES / NO

Type of exercise: _____

How often? _____

Did you have a vaginal birth?

YES / NO

Did you have a caesarean section?

YES / NO

Did you have an episiotomy?

YES / NO

Did you have stitches?

YES / NO

Has your bleeding stopped?

YES / NO

Are you breast-feeding?

YES / NO

Do you have any current/previous injuries? (please explain)

Are you currently taking any medication your trainer should be aware of?

YES / NO

Is there any reason why you should not participate in physical activity? please explain)

YES / NO

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MEDICAL HISTORY

Have you experienced any of the following past or present?

If YES please discuss with your Active Mums Trainer before exercise

High blood pressure	YES / NO	Low Blood pressure	YES / NO
Any heart condition or murmur	YES / NO	High cholesterol	YES / NO
Dizziness or fainting	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Do you smoke?	YES / NO
Liver or kidney condition	YES / NO	Arthritis	YES / NO
Asthma	YES / NO	Pelvic/pubic pain	YES / NO
Regular muscle cramps	YES / NO	Migraine/Headaches	YES / NO
Prolapse/ weak pelvic floor	YES / NO	Abdominal cramps	YES / NO
Are you currently pregnant? If yes, how many weeks? _____	YES / NO	Thyroid issues	YES / NO
Palpitations ,chest pain or breathing difficulties brought on by exercise		YES / NO	
A family history of heart disease,stroke, high blood pressure or raised cholesterol		YES / NO	

Have you had recent major surgery? If 'yes' please explain below

- I hereby confirm that all the above information is correct and accurate at the time of activity.
- I know of no reason why I should not participate in an exercise programme.
- I have been cleared by a doctor or my midwife to participate in physical activity.
- I agree to advise in writing if any changes to my health should affect my participation.
- I acknowledge that participating in exercise activities carries with it some potential hazards and risks, and I release Active Mums NZ, it's directors, employees & trainers in relation to any claim or damages, loss or injury to myself or my children arising out of my exercise or participating in any activity with an Active Mums programme

Signed: _____ Date: _____
 (Participant)

Signed: _____ Date: _____
 (Trainer)

