BIRTH FIT PREGNANCY EXERCISE CLASSES
PRE EXERCISE QUESTIONAIRRE

Personal Details:

Title: ____ First Name: _____ Surname: _____ DOB: _____

Phone: _____ or _____ Email: _____

Address: _____Suburb: _____

State: _____ Postcode: _____ Occupation: _____

Emergency contact:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

What has brought you to BIRTH FIT classes today? _____

Involvement in the program/activity/service may involve strenuous activity in a variety of environments. I know of no reason, medical or otherwise that may impact or impede participation/learning in the activity/program/service for which I am enrolling. In accordance with the Health Records & Privacy Legislation I advise details below that may impact on my participation.

Current Pregnancy Details:

Number of Pregnancies: ____ Obstetric Doctor: _____ Due Date: _____

Are you experiencing any of the following during your current pregnancy?

☐ Placenta praevia (placenta in lower uterus)	☐ History of miscarriage/ incompetent cervix	☐ High or low blood pressure
☐ Anaemia (low iron)	☐ Gestational diabetes	☐ Multiple birth (i.e. twins)
☐ Other pregnancy related conditions:		
Please provide further detail if you are experiencing any of the above conditions:		

Previous Pregnancy Details:

Have you ever experienced any of the following during a previous pregnancy?

☐ Placenta praevia (placenta in lower uterus)	☐ History of miscarriage/ incompetent cervix	☐ High or low blood pressure
☐ Anemia (low iron)	☐ Gestational diabetes	☐ Multiple birth (i.e. twins)
☐ Other pregnancy related conditions:		
Please provide further detail if you are experiencing any of the above conditions:		

General Health:

Do you, or have you ever experienced any of the any of the following? Please tick.

☐ Back/neck/joint problems	☐ Respiratory (i.e. asthma)	☐ Heart condition (or family history)
☐ Epilepsy	☐ Mental health problem (i.e. depression/anxiety)	☐ Poor bladder/bowel control
☐ Other	**Are you taking any medications?** (Please state):	
Please provide further detail if you have experienced any of the above conditions:		

Physical Activity:

BEFORE PREGNANCY (circle)	**DURING PREGNANCY (List activities)**	**HOW OFTEN**
Low (Very little e.g. sitting, walking)		
Moderate (Activity 1-2 times/wk e.g. walking, housework)		
Active (Regular, 3-4 times/wk e.g. jogging, sports, gym)		
Very active (Regular exercise, 5 or more times/wk)		

If the YMCA or its associated contractor determines that an ambulance is required in response to any medical condition or emergency, I agree that I am responsible for payment of the expenses associated with the attendance of the paramedics.

Signature: _____ **Date:** _____