



KX PILATES.
POST NATAL EXERCISE QUESTIONNAIRE.

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Name _____

Address _____

_____ Postcode _____

Mobile _____

Email _____

Baby's Name _____

Baby's DOB _____

Type of Delivery (circle) Vaginal Caesarean

Date of your post- natal check up _____

Can you briefly detail your previous and current exercise activities:

Previous: _____

Current: _____

Do you have a medical clearance (from GP) to start exercising? Yes No

Are you breastfeeding? Yes No

Do you have any pain in your back or joints? Yes No

Do you suffer from weak pelvic floor? Yes No



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Have you ever experienced any of the following conditions (circle)?

Symphysis Pubis Dysfunction (pain in the central pubic area)	Sacrum or Sacroiliac Joint pain (pain in the very low mid back- top of buttocks)	Bleeding during or after exercise or any unexplained bleeding
Carpal Tunnel Syndrome (wrist/finger/hand forearm-pain/numbness or tingling)	Knee Pain (side, front back)	History or current episodes of high/low blood pressure, episodes of faintness, dizziness or breathlessness
Upper back/neck/shoulder pain	Coccyx damage or pain	Separation of your abdominal muscles
Incontinence (urinal or faecal)	Prolapse (uterine, bladder, rectum, vaginal)	Breast health, breast feeding issues, mastitis
Piles, hemorrhoids, varicose veins, constipation	Episiotomy cut, painful perineum or tears (degree if known)	Nerve damage during birthing (pudendal)
Gestational Diabetes	C- Section wound discomfort or slow healing or ongoing numbness	Anaemia or taking iron medication
Join pain/muscle pain	Buttock/ piriformis pain/ sciatica	Other: please specify

I, _____ the undersigned acknowledge that:

(Full Name)

- This exercise program has been specifically designed for postnatal women.
- In normal circumstances the exercises should not harm me, or my baby in any way.
- I shall inform the instructor of any medical or pregnancy related changes prior to commencing any training session.
- This company will not be liable in any way for any unforeseen circumstances or for any circumstances of which I should have been aware, but failed to notify them.
- I have read the above statement and agree to be bound by it and to release this company from all claims.

Date _____ Signature _____