

Baby A-Wake



Exercise screening and registration form

If you are pregnant take this form along to your next visit with your Midwife/GP or contact them by phone. There are sections (indicated on the form) which they should help you to complete. If you have already been told that it is fine for you to start exercising then please complete the form and sign, stating that you have obtained consent. It is imperative during pregnancy to gain consent from your doctor/midwife before you start exercising.

Please fill out each section of this form carefully and read the terms and conditions. If you are having difficulty completing this form then please contact us on **07929 391 942**.

For all clients...

Begin by answering the questions below. If you are between 15 and 69 years, the following questions will indicate to you if you should check with your doctor before you start. If you are over 69 and are not accustomed to being very active then, again, check with your doctor.

If you are unsure of the answers to any of the questions on this form then you **MUST** wait until you have had these questions clarified and confirmed by your GP/Midwife before you start.

For all clients

If you answered YES to one or more of these questions:

Talk with your GP or health practitioner by phone or in person before you start training. Tell them about this form and about the questions that you have answered yes to. It may be that you can do any activity that you want to so long as you begin very slowly and gradually. It may also be appropriate for your trainer to speak directly to your health carer, so you may wish to ask if that is acceptable..

	YES	NO
Are you male over 35 or female over 45 and unused to regular vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family who is male under 55 or female under 65, suffered from heart attack, stroke or sudden death?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from hypertension (BP > 140/90)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Diabetes Mellitus?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from high levels of cholesterol (serum cholesterol > 200mg/dl or 5.2mmol/L)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in the chest when doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month have you had chest pains when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your activity level?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs e.g. water pills for a heart condition or blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason (include infectious diseases, prescribed drugs or any other medical/physical condition) which could be affected by the commencement of a regular physical activity programme?	<input type="checkbox"/>	<input type="checkbox"/>

Doctor/health carer

Tel:

Surgery Address

If you answered No to all the above questions:

you can be reasonably sure that you can begin to increase your activity levels.

If you are pregnant or have recently had a baby there are additional considerations so please ensure that you have answered the relevant questions on pages 3 and 4.

It is also important to inform your trainer if you suffer from any of the following:

Arthritis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Cramps	<input type="checkbox"/>
also		if you smoke	<input type="checkbox"/>	are dieting or fasting	<input type="checkbox"/>

other chronic injuries or chronic conditions such as back pain (please specify)

(Chronic injuries or chronic conditions and muscular factors such as poor flexibility may effect training. Please ensure your teacher is aware of any of these concerns before you commence the programme)

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Exercise screening and registration form *(continued)*



Please state what kinds of activity you have done in the last 12 months

Intensity	Frequency (times per week)			Duration (minutes per day)		
	1	2-4	4+	<20	20-40	40+
Light						
Medium						
Heavy						

Does your regular occupation at work or home include any of the following?

Heavy lifting	<input type="checkbox"/>	Occasional walking	<input type="checkbox"/>	Light house/garden work	<input type="checkbox"/>				
Prolonged standing	<input type="checkbox"/>	Frequent stair climbing	<input type="checkbox"/>	Light labouring work	<input type="checkbox"/>				
Prolonged sitting	<input type="checkbox"/>	Occasional stair climbing	<input type="checkbox"/>	Hard labouring work	<input type="checkbox"/>				
Frequent walking	<input type="checkbox"/>	Vigorous House/Garden work	<input type="checkbox"/>	Do you currently drink alcohol?	<input type="checkbox"/>				
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Units p/wk	<input type="text"/>

Section A

Have you ever had	YES	NO	If you answered yes to either of these questions, please explain
Miscarriage in an earlier pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	
Other pregnancy complications?	<input type="checkbox"/>	<input type="checkbox"/>	

Please state the number of previous pregnancies (if any)

During this pregnancy have you ever had	YES	NO	YES	NO	
Marked fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	Swelling pain or redness in the calf of one leg?	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding from the vagina?	<input type="checkbox"/>	<input type="checkbox"/>	Absence of foetal movement after the 6th month?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained faintness and dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	Failure to gain weight after the 5th month?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of these questions, please explain		
Sudden swelling of ankles and face?	<input type="checkbox"/>	<input type="checkbox"/>			
Persistent headaches or problems with headaches?	<input type="checkbox"/>	<input type="checkbox"/>			

The following section should be completed under the guidance of your GP/Midwife.

If you answer **YES** to any of the **Absolute contraindications** to exercise in pregnancy then exercise is **NOT** recommended.

If you answer **YES** to any of the **Relative contraindications** to exercise then your GP/Midwife must give guidance as to whether exercise is appropriate for you or not.

Absolute Contraindications

Does this patient have	YES	NO
Ruptured Membranes, premature labour?	<input type="checkbox"/>	<input type="checkbox"/>
Persistent 2nd or 3rd trimester bleeding/placenta brevia?	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy induced hypertension or pre-eclampsia?	<input type="checkbox"/>	<input type="checkbox"/>
Incompetent cervix?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of intrauterine growth restriction?	<input type="checkbox"/>	<input type="checkbox"/>
High order pregnancy (e.g. triplets)	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled Type 1 diabetes, hypertension or thyroid disease, other serious cardiovascular respiratory or systemic disorder	<input type="checkbox"/>	<input type="checkbox"/>

Relative Contraindications

Does this patient have	YES	NO
History of spontaneous abortion or premature labour in previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
Mild/moderate cardiovascular or respiratory disease (e.g. chronic hypertension, asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia or iron deficiency (hb, 100g/l)?	<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition or eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Twin pregnancy after 28th week?	<input type="checkbox"/>	<input type="checkbox"/>
Other significant medical condition? Please specify	<input type="checkbox"/>	<input type="checkbox"/>

These risks may exceed the benefits of regular physical activity. The decision to be physically active should not be made without qualified medical advice.

Physical Activity Recommendation

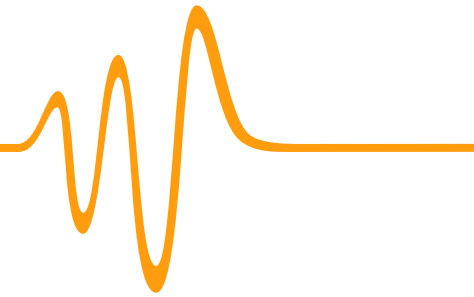
(to be completed by health carer e.g. mid wife or doctor)

Not Approved	<input type="checkbox"/>	Recommended/Approved	<input type="checkbox"/>
Health Carer's Name	<input type="text"/>		
Tel No.	<input type="text"/>		

Notes for Fitness Professional

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Exercise screening and registration form *(continued)*



Section B

If you have had a baby in the last 2 years, please complete this section, if not, please go to section C

How many births have you had?

When was your last birth?

Please describe the type of delivery/s you have had

e.g. caesarean, natural, forceps, episiotomy, etc.

Were you moderately active*

YES NO

Before you were pregnant

During most of your pregnancy

Since you have had your baby

Did you suffer from any joint pain

Before you were pregnant

During your pregnancy

During or immediately after labour

Since you have had your baby

If yes, please explain:

*Where moderate = 1/2 hr of non vigorous activity such as walking, housework, shopping, gardening etc. at least 5 days a week.

Section C

This section should be completed by all clients

Are you currently being treated for any injury or back pain?

YES NO

If yes, please give details of the treatment

Practitioners name

Practitioners contact details

Terms and Conditions

- Clients are entitled to 1 free trial session before committing to a course.
- Payment must be made prior to the commencement of a course or session.
- Once signed up for a group course, clients are entitled to attend 12 sessions within a term period. All sessions must be taken within that 12 week term and are not refundable or transferable onto other term courses.
- If a session is missed on a designated course or a client wishes to do more than one session a week then the client is entitled to attend another session in one of our other venues. This must be done with prior arrangement from Baby A-Wake.
- Course and date times will be confirmed prior to commencement. Baby A-Wake maintains the rights to cancel or amend dates at any given time. If dates are cancelled at short notice, clients will be given alternative sessions in which they can complete their course.
- For personal sessions, dates for sessions must be agreed upon prior to commencement of the service.
- All payment enquiries must be dealt directly through Baby A-Wake. If you choose to take up personal sessions with your Baby A-Wake teacher, Baby A-Wake must be informed.
- For cancellations of one to one sessions with less than 48 hours notice, 1/2 payment will be required. For cancellations of less than 24 hours notice, full payment will be required.
- Baby A-Wake is required to supply names and contact details of all non members to the course venue. The club/venue may use this information to let you know about membership services and special offers.
- Due to legislation in the Children's Act 1996 we cannot include your baby in class activity unless that activity is to demonstrate care and safe lifting techniques for you and your baby. All babies must be positioned in safe areas within the class room where no harm can come to them through any mothers exercise activity. All mothers must adhere to these guidelines by using the 'baby zone' areas provided in the class. Mothers must note that their child is their full responsibility whilst in the class and that any exercise activity must be kept a safe distance away from all infants, at all times.

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It is often helpful if we can contact the practitioner to discuss your treatment and exercise. Please tick here if you are happy for us to do so.

NOTE: If your health/status in relation to any of the above questions changes, or you are unwell, please advise your teacher as soon as possible.

If you are pregnant please sign in both boxes. If you are not pregnant, please go straight to the second box.

STATEMENT: I am pregnant and I have gained consent from my GP or Midwife to exercise

SIGNED

DATE

Baby A-Wake regret that they cannot accept any liability howsoever for any (1) loss or damage (2) death or personal injury arising out of or in connection with the training provided by them. Clients are reminded that it is always wise to consult a doctor prior to undertaking any form of strenuous activity.

STATEMENT: I recognise that the trainer/teacher is not able to provide me with medical advice. I have read and understood this questionnaire and have had any questions answered to my full satisfaction

SIGNED

DATE