

TORI FAE

FITNESS

To participate in a group exercise class or **1:1** training session with Tori Fae Fitness, you are required to complete a PAR-Q. This is to ensure that you are in good health to undertake physical activity, or to ensure that if your instructor is aware of any injuries you may have to make adjustments for you. For most people small adjustments to a our session plans are sufficient, but the PAR-Q is designed to identify the small number of people for whom our sessions might not be appropriate, or those who should seek medical advice concerning the type of activities most suited to them

Name:		
Address:		
Date of birth:		
Name of fitness professional:		
General Health Status Please tick YES or NO		
1. Miscarriage in an earlier pregnancy:	YES	NO
2. Other pregnancy complications:	YES	NO
3. I have completed a PAR-Q within the last 30 days:	YES	NO
If you have answered yes to 1 or 2, please give details:		
Number of previous pregnancies:		

Status of current pregnancy

Due date:

1. Have you experienced marked fatigue?	YES	NO
2. Have you experienced bleeding from the vagina (spotting)?	YES	NO
3. Have you experienced unexplained faintness or dizziness?	YES	NO
4. Have you experienced unexplained abdominal pain?	YES	NO
5. Have you experienced sudden swelling, pain or redness in the calf of one leg?	YES	NO
6. Have you experienced persistent headaches or problems with headaches?	YES	NO
7. Have you experienced sudden swelling of ankles, hands or face?	YES	NO
8. Have you experienced absence of foetal movements after sixth months?	YES	NO
9. Have you experienced failure to gain weight after fifth month?	YES	NO

If you have answered YES to any of the above questions, please give details:

Activity habits during the past month

1. List any regular fitness/recreational activities:

2. Does your regular occupation (job/home) activity involve:

a) Heavy lifting	YES	NO
b) frequent walking/stair climbing	YES	NO
c) occasional walking (once an hour)	YES	NO
d) prolonged standing	YES	NO
e) mainly sitting	YES	NO
f) normal daily activity	YES	NO

3. Do you currently smoke tobacco?*	YES	NO
4. Do you currently consume alcohol?*	YES	NO
Physical activity intentions		
What physical activity do you intend to do?		

*PLEASE NOTE: pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and during lactation.

Section C: Contraindications to exercise:

This section is to be completed by your health care professional

Absolute contraindications		
Does the patient have:		
1. Ruptured membranes, premature labour	YES	NO
2. Persistent second or third trimester bleeding/placenta praevia	YES	NO
3. Pregnancy-induced hypertension or pre-eclampsia	YES	NO
4. Incompetent cervix	YES	NO
5. Evidence of intrauterine growth restriction	YES	NO
6. High-order pregnancy (triplets)	YES	NO
7. Uncontrolled type-1 diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic diseases	YES	NO
Relative contraindications		
Does the patient have:		
1. History of spontaneous abortion or premature labour in previous pregnancies	YES	NO
2. Mild/moderate cardiovascular or respiratory disease (e.g. chronic hypertension, asthma)	YES	NO
3. Anaemia or iron deficiency	YES	NO
4. Malnutrition or eating disorder	YES	NO
5. Twin pregnancy after 28th week	YES	NO
6. Other significant medical conditions	YES	NO

NOTE: risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.

Physical activity recommendation: *(Please tick)*

Recommended/approved:

Contraindicated:

I, _____ (patient's name), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.

Signed: _____ (patient's signature)

Name of health care provider:

Health care provider's signature:

Informed Consent

I understand that I will be taking part in a range of physical training challenges in my endeavours with a trainer and I also accept that the responsibility is mine. I understand the risks and the benefits. I also acknowledge that the training party has informed me of the fact they will take measurements and sensitive information and will treat this with respect in accordance to the Data Protection guidelines.

Assumption of Risk:

Please advise before commencing any session if, for any reason, your health or ability to exercise changes. If you are pregnant, we strongly recommend that you check with your doctor/midwife at regular intervals if it is still OK for you to exercise. If you are in doubt about the suitability of the exercises, please refer back to your medical practitioner.

The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has not given you medical clearance to exercise/to continue to exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class/studio

The exercises and the transitions between exercises, should be performed at a pace which feels comfortable for you. Please inform us if you feel any discomfort, dizziness, nausea or pain during the session. Please also inform us if you feel discomfort or pain after a previous session.

Declaration:

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Please sign to confirm you consent and agree to all of the above statements

Signed:

Name:

Date: