



POST-NATAL EXERCISE PAR-Q

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 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:	Date of delivery:
Name of fitness professional:	
General Health Status	
1. Type of delivery: <i>Assisted, vaginal, C-Section</i>	
2. 6 Week Check-up date and outcome:	
3. Breastfeeding status:	
4. Post-natal Bleeding Status:	
5. Recently fitted Intra Uterine Device (IUD)	
6. Please give details of your Pregnancy & Post Natal, include any complications, illnesses, reasons to visit your Doctor or any other Health Practitioner, including Massage, Acupuncture, Pilates, Physiotherapy, Osteopathy, Chiropractor etc.	
7. Were you in regular exercise before pregnancy? <i>Please give details</i>	

8. Did you participate in exercise during pregnancy? <i>Please give details</i>
9. Do you do/intend to do other exercise in addition to this programme? <i>Please give details</i>

Medical Questionnaire		
Do you current or have you ever suffered any of the following conditions?		
1. Symphysis Pubis Dysfunction (pain in the central pubic area)	YES	NO
2. Sacrum or Sacroiliac Join Pain	YES	NO
3. Bleeding during or after exercise (or any unexplained bleeding)?	YES	NO
4. Carpel Tunnel Syndrome (Wrist/finger/hand forearm - pain/numbness or tingling)	YES	NO
5. Knee pain	YES	NO
6. History or current episodes of high or low blood pressure, faintness, dizziness or breathlessness?	YES	NO
7. Upper back, neck or shoulder pain?	YES	NO
8. Coccyx damage or pain?	YES	NO
9. Separation of abdominal muscles?	YES	NO
10. Incontinence (Urinary or Faecal)?	YES	NO
11. Prolapse (Uterine, Bladder, Rectum, Vaginal)?	YES	NO
12. Breast Health/Breast Feeding Issues/Mastitis?	YES	NO
13. Piles/Haemorrhoids/Varicose Veins/ Constipation?	YES	NO
14. Were you given an Epidural during birthing?	YES	NO
15. Nerve Damage During Birthing (Pudental)?	YES	NO
16. Gestational Diabetes?	YES	NO

17. C-Section wound discomfort or slow healing or ongoing numbness?	YES	NO
18. Anaemia or taking Iron medication?	YES	NO
19. Joint Pain / Muscle Pain?	YES	NO
20. Buttock/Piriformis Pain/Sciatica	YES	NO
21. Episiotomy Cut, Painful Perineum or Tears (Degree if known)?	YES	NO
If you have answered YES to any of the above questions, please give details:		
Readiness & Lifestyle Questions		
1. Please detail any relevant/important information relating to previous Pregnancies and Post Birth periods, such as periods of illness or negative outcomes :		
2. Please details any relevant/important information relating to previous Pregnancies and Post Birth periods, such as periods of illness or negative outcomes		
3. Are you able to count on your significant others for support in your journey?		
4. Can you briefly detail your previous and current exercise abilities/activities?		
5. Can you details which fitness activities you like and dislike?		

6. On a scale of 1-10, can you rate your degree of focus and intention to achieve your current goals? (1 being the lowest and 10 being the highest)		
7. Do you currently smoke tobacco?*	YES	NO
8.. Do you currently consume alcohol?*	YES	NO

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

Section C: Contraindications to exercise:

This section is to be completed by your health care professional

Absolute contraindications		
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:	
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:

Declarations

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, the informed consent statement and the assumption of risk statement. 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.

Name:

Signed:

Date: