

Physical Activity Readiness Questionnaire (Par-Q) Pregnancy Pilates

Your Details		
Name:		Address:
Date of Birth:		
Phone number:		Occupation:
Email:		Emergency contact:
Pregnancy Details		
Due date:	Week:	Is this your first pregnancy? If not, how many pregnancies have you had?:
In the past, have you experienced any pregnancy, birth or postnatal complications? If yes, please give details:		
In your current pregnancy, how would you rate your wellbeing? (1=low, 10=very good)		
Nausea or sensitivity to odours:		Mild dizziness or lightheadedness:
Lower back pain:		Mild, occasional headaches:
Pelvic girdle pain:		Pelvic floor weakness:
Are you currently experiencing any of the following symptoms?		
Spotting:		Unexplained abdominal pain:
Sudden swelling, pain or redness in calf of one leg:		Sudden swelling of the ankles, hands or face:
Persistent headaches:		Absence of foetal movement after 6 th month:
Failure to gain weight after 5 th month:		Extreme fatigue:
If you have answered YES to any of the questions please seek medical advice and provide more details:		
Updates:		
Activity Details:		
Exercise History (regular activities):		
How would you rate your fitness (1=very low, 10=very high)		
Does your regular occupation (job or home life) involve:		
Heavy lifting:		Frequent walking/stair climbing:
Occasional walking:		Prolonged standing:
Mainly sitting:		Childcare for babies/ small children:

Please complete this section with advice from your midwife or doctor.		
Contraindications to exercise		
Absolute Contraindications:		
Ruptured membranes	Yes	No
Premature labour	Yes	No
Persistent 2 nd or 3 rd trimester bleeding	Yes	No
Placenta previa	Yes	No
Pregnancy induced hypertension	Yes	No
Pre-eclampsia	Yes	No
Incompetent cervix	Yes	No
Evidence of intrauterine growth restriction	Yes	No
High-order pregnancy	Yes	No
Uncontrolled Type 1 diabetes	Yes	No
Hypertension	Yes	No
Thyroid disease	Yes	No
Serious cardiovascular, respiratory or systemic diseases	Yes	No
Please give details:		
If you have answered YES to any of these questions, you should under no circumstances exercise.		
Relative Contraindications:		
History of spontaneous abortion	Yes	No
History of premature labour		
Mild/moderate cardiovascular or respiratory disease	Yes	No
Anaemia or iron deficiency	Yes	No
Malnutrition	Yes	No
Twin pregnancy +28 weeks	Yes	No
Gestational Diabetes	Yes	No
Orthopaedic Limitations	Yes	No
Poorly controlled seizure disorder	Yes	No
Do you smoke?	Yes	No
Risk may exceed benefits of regular physical activity. Please follow medical advice about the suitability of exercise if you have any of the relative contraindications.		
Has your doctor or midwife given you medical clearance to take part in exercise? (Pregnancy Pilates)		
Recommended/Approved	Yes	No
Contraindicated	Yes	No
Declaration		
I, _____ (your name) have discussed with my healthcare provider my plans to participate in physical activity and have obtained medical clearance.		
Signed Patient:	Date:	
Name and contact of Healthcare Provider:		
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General Medical History		
Have you ever suffered from heart trouble?	Yes	No
Are you presently taking any form of medication? (please give details below)	Yes	No
Do you suffer from chest pains?	Yes	No
Do you have migraines?	Yes	No
Have you ever had asthma, chronic bronchitis or any other chest ailments?	Yes	No
Do you suffer from back pain or any orthopaedic problem?	Yes	No
Do you suffer from severe headaches or migraines?	Yes	No
Are you recuperating from any recent illness/operation or injury?	Yes	No
Have you any medical conditions that could affect your ability to participate in this class?	Yes	No
Are you pregnant? If yes, how many months:	Yes	No
Is there any history of heart disease in your immediate family (under the age of 55)?	Yes	No
Have you ever had either high or low blood pressure? If yes, please indicate which:	Yes	No
Have you ever had high cholesterol?	Yes	No
<p>If you have answered Yes to any of these questions, have any other medical conditions that you think may be relevant or you are currently on any medication, please give further details:</p>		
<p>Updates:</p>		
<p>Please note: If you answered YES to any of the above questions, you are advised to seek further medical advice/approval before commencing an exercise programme.</p>		
<p><i>I have been informed that if I answer YES to any of the questions of this form, I should seek medical advice/approval before starting an exercise programme and/or induction. If I wish to continue without such advice, I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that AM Pilates cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.</i></p> <p><i>I have been informed that I am required to update this PAR-Q should my medical status change.</i></p> <p><i>I understand that I am at all times responsible for the wellbeing and safety of any of my children or dependents that I bring with me to the class for the entire duration of the class.</i></p> <p><i>I consent that my personal data is collected, handled and stored in compliance with the 2018 GDPR (General Data Protection Regulation). I have been informed about the purposes for processing my personal data, the retention period for that personal data, who it will be shared with and my right of withdrawal of consent.</i></p>		
<p>Start Date:</p>		
<p>End Date:</p>		
<p>I HAVE READ AND UNDERSTOOD AND COMPLETED THE QUESTIONNAIRE</p>		
<p>Signed Client:</p>		<p>Date:</p>
<p>Signed Instructor:</p>		<p>Date:</p>