

Aqua Natal Pre-Activity Questionnaire



Personal details

Name:

D.O.B

Age:

Address:

Phone:

Email:

Emergency contact name:

Emergency contact number:

Medical conditions: Please tick your response to each question.

Do you have, have ever had or are you on medication for:

Yes No

1. Hypertension (High Blood Pressure?)
2. A Heart Condition?
3. High Cholesterol?
4. Stroke?
5. Diabetes?
6. Circulatory or vein disorders (Varicose, ulcers)?
7. Epilepsy?
8. Asthma?
9. Arthritis?
10. Rheumatic Fever?
11. Glandular Fever?
12. Liver/Kidney condition?
13. Stomach Ulcer?
14. Hernia?
15. Dizziness/Fainting during exercise?

16. Is this your first pregnancy? Yes No
If no, how many pregnancies have you had previously?
17. Have you experienced any problems during your pregnancy so far? Yes No
If yes, please provide details (swelling, nausea etc)
18. Have you suffered from gestational diabetes? Yes No
19. Were you exercising regularly before falling pregnant? Yes No
If so, how many days per week and what form of exercise?
20. What is your estimated due date?
21. Are you or have you been a smoker? Yes No
22. Do you have any injury that limits your ability to exercise? Yes No
If Yes, please provide details:

How did you hear about Aqua Natal?

Posters/flyers at the centre

Hospital flyers/midwife

Friend/Family member

Facebook

Which hospital?

I recognise that the Blacktown Aquatic Centre/Blacktown Leisure Centre Stanhope Aqua Natal instructors are not able to provide me with advice in regards to my medical fitness and that the information I have provided is used only as a guideline to determine the limitations of my ability to exercise. I agree to participate in Aqua Natal at my own risk and have provided a medical clearance from my doctor. I can confirm that I am a minimum 16 weeks pregnant and that I will follow any restrictions my doctor has placed on my ability to exercise. I will inform the instructor if I suffer any injury, illness or conditions during the Aqua Natal sessions. I have answered the above questions to the best of my ability.

Signature of Participant:

Date:

Doctors clearance received

Payment received: \$143.00

Staff name:

Signature:

