ANTE NATAL HEALTH SCREENING QUESTIONNAIRE AND INFORMED CONSENT

Name _______________________________________ Date of Birth_____________

Address______________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Phone No______________________________________________________________

Emergency Contact Name Phone no & Address________________________________
_____________________________________________________________________

GP Name & Surgery____________________________________________________

Hospital/ Midwifery Unit________________________________________________

Due Date______________________________________________________________

Antenatal Contra – Indications

- Significantly High or Low Blood pressure
- History of miscarriage/ pre term labour < 37 weeks
- Low lying placenta
- Exacerbation of respiratory conditions
- Musculoskeletal dysfunction (consult physio)
- Multiple pregnancy
- Continual bleeding
- Spontaneous rupture of membranes
- Cervical suture
- Skin disease – pool
- Chlorine/ bromide allergy – pool

NB. If you are experiencing vaginal bleeding it is not appropriate for you to attend a water based exercise session, you should consult your midwife

Women to inform Midwife or Health Professional if any of these conditions develop during pregnancy

Please read and answer either yes or no and give details:

1. Are you on any medication that may affect you during the session?

2. Do you have any injuries/ joint problems which may affect you during the session?

3. Do you have any illnesses/ disabilities that may affect you during the session?
Pregnancy specific:

1. Is this your first pregnancy?
2. Have you had any bleeding during this pregnancy?
3. Have you been told to avoid exercise during this pregnancy?
4. Have you been recommended to exercise by a Health/ Medical Practitioner eg Physiotherapist?
5. If second plus pregnancy, did you have any problems with your last pregnancy or a history of recurrent miscarriages?
6. Did you have any medical problems either during the pregnancy or after delivery?

If you have answered yes to any of the questions above, please give further details____________________________________________________________
__________________________________________________________________
__________________________________________________________________

If you have answered YES to any of the questions, we suggest you seek medical approval to continue with your training.
Please inform your teacher/ health trainer of any changes in your pregnancy or medical condition or if you have any worries about the effects of exercise on your pregnancy.

Informed Consent

I hereby state that I have read, understood and answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my full satisfaction. My midwife is fully aware and has no issues with my participation in Ante-natal exercise. I am participating of my own free will. As with any exercise programme there is a risk of injury. I will inform the instructor of any changes to my health or pregnancy. I can participate at my own pace and withdraw from the class if I feel the need. I understand that on some occasions there may be a stand in teacher.

Name of Participant_________________________________________________
Signature__________________________________Date____________________

Name of Instructor__________________________________________________
Signature__________________________________Date____________________

Instructor notes/comments

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________