



## **Post Natal Pre-Activity Health Questionnaire PARQ**

**It is necessary to complete this medical form before attending the 1st class!**

**Every new mum should be given permission to commence exercising by her Health Care Provider at her 6-8 Week Check-Up. By signing this form you are confirming:**

- That you have had your 6-8 week check and permission by your Health Care Provider to commence exercise.**
- You are in good physical condition to exercise.**
- You will follow the instructions given by your fully qualified exercise instructor in the CORRECT form to avoid injury and promote safe exercise that is suitable for postnatal needs.**

**Please complete ALL sections of this form. The instructor will discuss with you any areas of concern.**

**\* 1. Current Date:**

**\* 2. Contact Information**

Full Name

Address

Post Code

Email Address

Phone Number

- **3. Delivery (Birth) Details**

Your Child's Name

Date of Delivery

Type of Delivery (Assisted, Vaginal, C Section)

- **4. More Details**

6-8 Week Check-Up Date and Outcome:

Breastfeeding Status:

Post Natal Bleeding Status:

Birth Control Type currently using:

**\* 5. 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.**

- 6. Do you currently or have you ever suffered any of the following conditions? Please add YES or NO and give a comment if you know more information.**

Symphysis Pubis Dysfunction (pain in the central pubic area)? YES/NO

Carpal Tunnel Syndrome (Wrist / finger / hand forearm - pain / numbness or tingling)? YES/NO

Upper Back / Neck / Shoulder Pain? YES/NO

Lack of Total Bladder / Bowel control (Urinary or Feacal Incontinence)? YES/NO

Piles / Heammorhoids / Varicose Veins / Constipation? YES/NO

After Effects of Gestational Diabetes? YES/NO

Joint Pain? YES/NO

Sacrum or Sacroiliac Joint Pain (Pain in the very low mid back - top of the buttocks)? YES/NO

Knee Pain (Side/Front)? YES/NO

Coccyx Damage / Pain? YES/NO

Prolapse (Uterine, Vaginal, Bladder, Rectum)? YES/NO

Were you given epidural during birthing? YES/NO

C-Section wound discomfort or slow healing or ongoing numbness? YES/NO

Buttock / Piriformis Pain / Sciatica? YES/NO

Bleeding during or after exercise or any unexplained bleeding? YES/NO

High / Low Blood Pressure, episodes of dizziness, faintness or  
Breathlessness? YES/NO

History of Thrombosis or Blood Clots? YES/NO

Diastasis (Separation of your Abdominal Muscles)? YES/NO

Breast Health / Breastfeeding Issues? YES/NO

Nerve Damage During Birthing? YES/NO

Anaemia or Taking Iron Medication? YES/NO

Episiotomy Cut, Painful Perineum, Tears (Degree if known)? YES/NO

- **7. Your Current Physical Activity Status.**

Have you been exercising after birth and for how long?

What type of exercises have you done post birth?  
Please name the classes or type of activity.

How would you describe your fitness at this moment?

Thank you for taking time to complete this medical form.

I will be looking forward to welcome you to my class!

See you soon,

Tatiana Ellis