**Introduction**

Please answer as many of the questions as you are able to. It will assist the instructor to ensure that you are given safe and effective exercises.

If there is anything that you are unsure about or would rather discuss in person please feel free to contact us. The instructor may wish to contact you prior to the class to discuss the information given with you.

*To complete form type details and either click in next field to be completed or press TAB to move to next field. For Help see text on status line at bottom of screen*

**General Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |      | Date of Birth: |       |
| GP Deta­ils: | Name |       | Address |      |

Were you referred here by a medical/health practitioner? Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Baby's Name:  |       | Date of Birth: |       |

**Birth Details**

Delivery Method? *Please select from dropdown box as appropriate*

Were there any complications associated with the birth? Yes [ ]  No [ ]

If yes, please give details:

|  |
| --- |
|       |

Please give a brief history of any previous pregnancies (how many, delivery method, complications etc)

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|       |

Are you breast feeding? If so, are you experiencing any problems with feeding, particularly with positioning?

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**Medical Information:**

Have you had ­your 6-week check from the GP? Yes [ ]  No [ ]

Have you had the ‘go ahead’ to start gentle exercise? Yes [ ]  No [ ]

Are you currently experiencing any of the following? Please give further information if you answer yes to any of the questions or feel free to discuss with the instructor prior to the class.

|  |  |  |
| --- | --- | --- |
| Low back pain? | [ ]  |       |
| Pelvic pain? | [ ]  |       |
| Any spinal condition? | [ ]  |       |
| Any Orthopaedic condition? | [ ]  |       |
| Heart problems? | [ ]  |       |
| High or low blood pressure? | [ ]  |       |
| Epilepsy? | [ ]  |       |

**Lifestyle:**

Please describe your usual level of fitness and any regular exercise or sports that you do.

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**Aims:**

What would you like to achieve from starting the class? Please tick from the following options or add your own

|  |  |
| --- | --- |
| [ ]  Strengthen pelvic floor | [ ]  Assist with relaxation |
| [ ]  Strengthen abdominals | [ ]  Strengthen upper body |
| [ ]  Assist with weight loss | [ ]  Improve posture |
| [ ]  Increase fitness | [ ]  Reduce pain |

Do you have any other post-natal goals?

|  |
| --- |
|       |

**Please Note:**

The post-natal programme at BoCo will begin at a low level and will be advanced in stages depending on your fitness level. Class sessions may be stopped because signs of fatigue or strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

*I fully understand that the post-natal programme will be specifically designed as a group training plan. Therefore this programme of exercise should only be undertaken when in a class or when I have been given specific instructions to exercise on my own.*

Signature: ........................................................................... Date: ...................................

Please complete and return this form to bookings@boco-uk.com.

*No signature required if returning form by email.*