

HEALTH CLEARANCE FORM

Your health is our business.

Have you completed the Aquabellies Introduction on Your Health Journey Webpage? YES NO

The following information will help us deliver the safest and best environment for you to exercise. Information will be kept confidential. Please complete the following and **bring the form to your first session**:

Name	
DOB	
Age	
Phone	
GP/Specialist/Midwife	
Emergency Contact Name	
Emergency Number	

PREGNANCY & MEDICAL HISTORY

It is important for us to know about your pregnancy and birth of your children as this helps us to identify your specific needs.

How many pregnancies have you had?	How many children do you have now?
If you are pregnant when is your baby due?	/ / How many weeks are you currently?

If you have answer YES to any of the following pregnancy complications or health conditions it may be unsafe to exercise.

If you answer YES to any of the following please obtain a written clearance to exercise from your Medical Practitioner together with any safety precautions we need to follow during exercise.

Pregnancy Contraindications	Yes	No	Further Information
Pregnant History of 3+ miscarriages			
Vaginal Bleeding			
Cervical weakness / stitch			
Placenta Praevia			
Ruptured Membranes			
History of Pre term labour			
Baby not growing			
General Contraindications			
Toxaemia / pre-eclampsia			
Poorly controlled thyroid			
General Blood clots			
Heart / Lung Condition			
Asthma			
High/Low blood			
Diabetes(uncontrolled)			
Epilepsy			
Anaemia			

Do you have any of the following medical conditions that may require your exercise to be modified?

General Precautions	Yes	No	Further Information
Low back Pain			
Pelvic joint problems			
a. Sacroiliac			
b. Pubic symphysis			
Dizziness			
Split Abdominal muscles			
Varicose Veins			
Very low fitness level			
Any other problems?			
Are you a swimmer?			Please circle this if it is true I do not feel confident putting my head under water
Medications?			

CHILDBIRTH HISTORY

When was your last child born?	Age:
Birth Weight:	
Describe your child's health:	
Circle which statements apply to you:	
Caesarian. Why?	
Vaginal Birth	
Forceps	
Vacuum	
I pushed for more than 1.5 hours	
Episiotomy	
A graze	
3rd or 4th degree tear	
I am breast feeding	
Please describe the birth of any other children (if any):	

It is important for us to know about how your pelvic floor muscles are functioning so that we can help you to address and prevent any problems. **If you answer YES to any of these questions we strongly recommend a 1:1 appointment with the physiotherapist at Innerstrength.**

Are you currently experiencing incontinence of urine, wind or	YES	NO
Do you have trouble feeling your pelvic floor lift or let go?	YES	NO
Do you have trouble stopping the flow of wee on the toilet?	YES	NO
Do you have a prolapse, feel a vaginal lump, heaviness or	YES	NO
Is sexual activity causing you significant discomfort?	YES	NO
Are you struggling with Constipation?	YES	NO

Do you normally exercise?
What exercise do you normally do?
What exercise do you want to get back to?

MEDICAL CONSENT TO EXERCISE

I Dr _____ think that _____ is safe to attend Aquabellies

I have the following notes for your physiotherapist:

Signed

Dated