**Health Assessment Questionnaire**

Title: ..... Name: .....
D.O.B. ..... Sex: .....
Address: .....
.....
Occupation: .....
email: .....
Phone: .....
GP and address: .....
Consultant/Other Health Practitioner:
.....
Reason for attending this appointment:
.....
.....

**Have you ever had any of the following Medical Conditions?**

| | |
|---|---|
| Angina | Yes/No |
| Arthritis | Yes/No |
| Multiple Sclerosis | Yes/No |
| Motor Neurone Disease | Yes/No |
| Stroke | Yes/No |
| Arteriosclerosis | Yes/No |
| Artheroscerosis | Yes/No |
| Raynauds Disease | Yes/No |
| Heart Attack | Yes/No |
| Valve Replacement | Yes/No |
| Pacemaker | Yes/No |
| Chill Blains | Yes/No |
| Thrombosis | Yes/No |
| Bronchitis | Yes/No |
| Osteoporosis | Yes/No |
| Pneumonia | Yes/No |

Do you have any allergies? Yes/No
.....
Are you presently suffering from any fungal infections? Yes/No
.....
Have you ever had any surgery? Yes/No
.....
Have you ever herniated a disc? Yes/No
.....
Have you ever suffered any sprains? Yes/No
.....
Have you ever torn any muscles or ligaments? Yes/No
.....
Have you broke any bones?
.....

**Goals**
Short term:
.....
.....
Medium Term:
.....
.....
Long Term:
.....
.....

## Pre-Activity Readiness Questionnaire

Has your doctor ever said you have a heart condition and you should only do physical exercise recommended by a doctor? Yes/No

Do you ever feel pain in your chest when you do physical activity? Yes/No

Have you ever had chest pain when not doing physical activity? Yes/No

Do you ever feel faint, lose consciousness, or have spells of dizziness? Yes/No

Do you have a bone or joint problem that could be made worse by exercise? Yes/No

Have you ever been told you have high blood pressure? Yes/No

Do you suffer from Asthma/Bronchitis? Yes/No

Do you suffer from diabetes? Yes/No

Are you currently taking any medication to control a condition I need to be aware of? Yes/No
If yes, what? …….....

Are you pregnant? Or have been in the last 6 months? Yes/No
If yes, please also answer questions below.

## Ante-Natal Questions

How many weeks pregnant are you? …….. Due Date: ……..
Does your doctor know you are pregnant?
Have you had a recent check up?

Were you exercising regularly before you conceived?

What type of exercise did you/do you participate in? …….
……
How many sessions and duration each week? ……..

Have you experienced complications with previous pregnancies?

IMPORTANT INFORMATION – Please read carefully and answer as thoroughly as possible:

Have you ever suffered from, or currently are suffering from the following?

| | |
|---|---|
| Pregnancy induced hypertension | Yes/No |
| Abdominal Pain | Yes/No |
| Pre-term labour (now or previously) | Yes/No |
| Severe Anaemia | Yes/No |
| Bleeding in 2nd & 3rd trimesters | Yes/No |
| Incompetent cervix | Yes/No |
| Miscarriages | Yes/No |
| Poor general health | Yes/No |
| Are you undergoing IVF? | Yes/No |
| Overtired | Yes/No |
| Placenta praevia | Yes/No |
| Intrauterine growth retardation | Yes/No |

**Post-Natal Questions**

How old are your babies? …….

What type of birth did you have? …….....
Did you have any complications during delivery? …….....

Have you attended a post-natal check up? Y/N: …… Date: …….....

Do your healthcare team know you are exercising?

Are you breast feeding? Yes/No

Were you exercising during your pregnancy?
What type of activity/duration? ……..

Have you been given specific exercises by your healthcare team?

**Declaration**

I fully understand all of the above questions. With any questions I did not understand, a full explanation was given to me. I understand that if any of these circumstances change, it is my responsibility to inform my exercise coach prior to undertaking any exercise session, either on my own, or supervised. Exercises undertaken by me is at my sole risk and in consultation with my healthcare team.

All sessions must be paid in full prior to commencement of exercise session.

Cancellations within 24hrs of session may incur full cost of session.

I give my consent to the use of sports massage techniques to be used on my person with the aim to increase my flexibility and alleviate trigger points. Yes/No

I give my consent to being videoed in order to improve my own training Yes/No

I give my consent to allow my video footage to be showed to other people as a reference to improve their learning of exercises. Yes/No

Name: ……

Signed: ……. Date: …….....