Water Fitness Screening & Informed Consent Questionnaire

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| Name: |  | Address: |  | |
| Date of Birth: |  |  |
|  |  |  | |  |
| Emergency contact name: |  | Emergency contact number: | |  |
| Doctor’s name: |  | Doctor’s contact number: | |  |
|  |  |  | |  |
| General | | | | |
| 1. Has your doctor ever said you have heart trouble? | | | | Yes / No |
| 2. Do you ever have pains in your chest and heart? | | | | Yes / No |
| 3. Do you ever feel faint or have spell of dizziness? | | | | Yes / No |
| 4. Do you suffer from asthma? | | | | Yes / No |
| 5. Has your doctor / midwife ever said your blood pressure was too high / too low? | | | | Yes / No |
| 6. Has your doctor ever told you that you have a bone or joint problem such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | | | | Yes / No |
| 7. Are you on any form of medication? | | | | Yes / No |
| If yes, please state condition and medication. | | | |  |
| 8. Do you smoke? | | | | Yes / No |
| Pregnancy specific | | | | |
| 9. How many weeks pregnant are you? | | | |  |
| 10. Has your midwife of doctor told you not to exercise? | | | | Yes / No |
| If yes, please give details. | | | |  |
| 11. Has your midwife / doctor told you that you have a pregnancy contraindication such as high blood pressure, pre-eclampsia, three or more consecutive miscarriages etc. | | | | Yes / No |
| If yes, please give details. | | | |  |
| 12. If you are post-natal, how many weeks ago did you give birth? | | | | Yes / No |
| 13. What type of delivery did you have (vaginal, instrumental, or caesarean)? | | | |  |
| 14. Did you have a tear or episiotomy? | | | | Yes / No |
| If so, please give details.  (Please note: if you are still experiencing bleeding, it is not appropriate for you to attend a water based exercise session- please consult your midwife). | | | |  |
| 15. Are you confident in water? | | | | Yes / No |
| 16. Are you currently exercising? | | | | Yes / No |
| 17. Is there any good physical reason not mentioned above why you should not follow an activity programme even if you wanted to? | | | | Yes / No |
|  | | | |  |
| I confirm that I have completed this form honestly and hereby acknowledge that the nature of the exercise class I am about to undertake has been fully explained. I will inform the teacher immediately of any changes to the above should they arise. Whilst I am aware that all care will be taken, I take part in this exercise class at my own risk, understand that I can participate at my own pace, and have the right to withdraw from the session at any time. | | | |  |
| Signed: |  | Dated: | |  |
|  | |  | |  |
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