

Registration and Health Questionnaire (Antenatal Exercise)

Class day & time			
Your name		DOB	
Address			
	Post Code		
Email		Phone	
Occupation			
Baby's Due Date			
Emergency contact		Phone	

Please answer all questions to the best of your knowledge:

Are you on any medication that may affect you during the session?

Have you any illness / disabilities or other pregnancy-related health issues?

Do you have any injuries or joint problems?

Were you recommended to us by a health or medical practitioner?

No	Yes	Details (if Yes)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: If you have answered YES to any of the above questions, you should seek medical approval to continue with your training.

	No	Yes
Is this your first baby?	<input type="checkbox"/>	<input type="checkbox"/>
How many weeks pregnant are you?	<input type="text"/>	
When did you last exercise and how?	<input type="text"/>	
What do you hope to achieve from this exercise?	<input type="text"/>	
How did you hear about the class?	<input type="text"/>	

Informed Consent

I hereby state that:

1. I have read, understood and answered all questions in the health questionnaire honestly.
2. Any issues I raised with the teacher were answered to my full satisfaction.
3. I am participating of my own free will and, in doing so, accept that, as with any exercise programme, there is a potential risk of injury.
4. I *give/do not give consent to sharing my email address with other members of the class.
5. I *give/do not give consent to occasional photographs including myself, being used by Henley Birthcare for marketing and social media purposes.
6. I understand that, unless I am 37 weeks or over, I must pay for the term (or remainder of the term) in full and that refunds are not offered.
7. I reserve the right to withdraw consent to be contacted by Henley Birthcare, at any time.
8. I understand that all the information I provide, will remain confidential and will not be shared with third parties.

*Delete as applicable

Client's Signature		Date	
--------------------	--	------	--

Full payment is required to secure a place and this is due before the first week.

Record of Care

Teacher's Signature		Date
Teacher's Name		