

**Registration and Health Questionnaire (Postnatal Exercise)**

Class day & time			
Your name		DOB	
Address	Post Code		
Email		Phone	
Occupation			
Baby's name		DOB	
Type of delivery			
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)

No	Yes	Details (if Yes)

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

When did you last exercise and how?

What do you hope to achieve from this exercise?

How did you hear about the class?

## 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 I must pay for the course<sup>†</sup>(or remainder of the course) in full and that refunds are not offered. <sup>†</sup>Courses are 6-7 weeks.
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	
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**Full payment is required to secure a place and this is due before the first week.**

## Record of Care

Recti check		Advise referral to GP/Physio?	Yes / No
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Teacher's Signature		Date
Teacher's Name		