

KX POST NATAL QUESTIONNAIRE.



HOW TO COMPLETE THIS QUESTIONNAIRE

- Please consult your GP, then complete this form digitally prior to your first post natal workout.
- Send your completed digital questionnaire to your local studio via email prior to attending.
- For studio details please visit: kxpilates.com.au/find-a-studio

FULL NAME _____

BABY'S NAME _____

ADDRESS LINE 1 _____

BABY'S DATE OF BIRTH _____

ADDRESS LINE 2 _____

TYPE OF DELIVERY (SELECT ONE)

VAGINAL —OR— CESAREAN

SUBURB _____

DATE OF YOUR POST NATAL CHECK UP _____

STATE (SELECT ONE) _____

DO YOU HAVE MEDICAL CLEARANCE TO EXERCISE?

YES —OR— NO

POSTCODE _____

ARE YOU BREASTFEEDING?

YES —OR— NO

PHONE NUMBER _____

DO YOU HAVE ANY PAIN IN YOUR BACK OR JOINTS?

YES —OR— NO

EMAIL ADDRESS _____

DO YOU SUFFER FROM A WEAK PELVIC FLOOR?

YES —OR— NO

QUESTIONNAIRE CONTINUED ON NEXT PAGE

KX POST NATAL QUESTIONNAIRE.



PLEASE BRIEFLY DETAIL YOUR EXERCISE HABITS, BOTH CURRENTLY AND PRIOR TO YOUR PREGNANCY

A. CURRENT EXERCISE HABITS

B. EXERCISE HABITS PRIOR TO PREGNANCY

HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING CONDITIONS (SELECT ALL THAT APPLY)

Symphysis Pubis Dysfunction (pain in the central pubic area)	Sacrum or Sacroiliac Joint pain (pain in the very low mid-back to the top of buttocks)	Bleeding during or after exercise or any unexplained bleeding
Carpal Tunnel Syndrome (wrist/finger/hand forearm pain/ numbness or tingling)	Knee Pain (side, front or back)	History/current episodes of high or low blood pressure, faintness, dizziness or breathlessness
Upper back/neck/shoulder pain	Coccyx damage or pain	Separation of your abdominal muscles
Incontinence (urinal or faecal)	Prolapse (uterine, bladder, rectum or vaginal)	Breast health, breast feeding issues, mastitis
Piles, hemorrhoids, varicose veins or constipation	Episiotomy cut, painful perineum or tears (degree if known)	Nerve damage during birthing (pudendal)
Gestational Diabetes	C- Section wound discomfort, slow healing or ongoing numbness	Anaemia or taking iron medication
Joint pain and/or muscle pain	Buttock/piriformis pain/sciatica	Other: please notify us via email

QUESTIONNAIRE CONTINUED ON NEXT PAGE



I, _____ the undersigned acknowledge that:

ACKNOWLEDGMENT OF RELEASE

- This exercise program has been specifically designed for postnatal women.
- In normal circumstances the exercises should not harm me, or my baby in any way.
- I shall inform the instructor of any medical or pregnancy related changes prior to commencing any training session.
- This company will not be liable in any way for any unforeseen circumstances or for any circumstances of which I should have been aware, but failed to notify them.
- I have read the above statement and agree to be bound by it and to release this company from all claims.

DATE _____

SIGNATURE _____