Physical Activity Readiness Questionnaire (PAR-Q) for Pregnancy

Name: **Address:** **Phone No:** **Email:** **D.O.B.**	**Proposed Class Start Date:** **Due Date/No. Of Weeks Pregnant:** **Health Care Provider Details (HCP) - GP & Midwife:** **Emergency Contact person and tel. number:**

General PARQ:

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	□	□
2. Do you feel pain in your chest when you do physical activity?	□	□
3. In the past month, have you had chest pain when you were not doing physical activity?	□	□
4. Do you lose balance because of dizziness or do you ever lose consciousness?	□	□
5. Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?	□	□
6. Is your doctor currently prescribing medication for your blood pressure or heart condition?	□	□
7. Do you know of any other reason why you should not do physical activity?	□	□

Pregnancy Specific Screening (please circle):

Currently, or during previous pregnancies have you suffered any of the following conditions? Please circle (and please note if only experienced in previous pregnancy).

Symphysis Pubis Dysfunction (SPD)	Sacrum or SIJ Pain	Bleeding during pregnancy
Carpal Tunnel Syndrome	Knee Pain	Low Back Pain
Upper Back Pain	Neck Pain	Coccyx Damage or Pain
Separation of your ab muscles	Varicose Veins	Gestational Diabetes

On the following questions, please provide as much detail as possible.

Reason for joining Lovefit?

Last visit to Primary Health Provider and outcome? Scan results?

History of miscarriages?

How many times a day do you go to the toilet (including through the night)? Any leaks?

How has your sleep been throughout your pregnancy?

Briefly describe your current eating habits ?

Is this your first / second / third / fourth / fifth baby? (please circle)

If you have older child(ren), how old are they, and what kind of birth(s) did you have?

Please repond Y or N to the following:

Any excessive or sudden swelling and water retention?
Any skin rashes, open or unhealed cuts or bruises?
Any history or blood clots or Thrombosis? Any extreme calf pain, swelling or redness?
Any severe and chronic itching?
Extreme high blood pressure – current and previous history?
Any excessive thirst and urination?
Any rapid or large weight gain while Pregnant?
Any varicose veins or haemorrhoids?
Current multiple pregnancy (twins / triplets)?
Any constipation?

Disclaimer: "I have read, understood and accurately completed this questionnaire. I can confirm that I am voluntarily engaging in an acceptable level of exercise, and have sought the necessary clearance from my HCP".

SIGNATURE_____ TODAY'S DATE_____

We will collect, use, and protect your data in accordance with our Privacy Policy.

Lovefit Use Only:
Antental notes seen?
HCP clearance received, where applicable?
Telephone consultation completed?

NOTE: Contraindications to Exercise

Listed below are the current guidelines on ABSOLUTE CONTRAINDICATIONS to exercise. Please inform me immediately if you have experienced any of the following conditions (in this pregnancy) or have been told by your HCP that you have them.

Absolute Contradictions to Exercise During Pregnancy

Please circle any condition you are/have experienced

1. **Significant heart disease**
2. **Significant lung disease**
3. **Incompetent cervix**
4. **Multiple gestation at risk of premature labour**
5. **Persistent spotting/bleeding or Placenta Praevia**
6. **Premature labour**
7. **Ruptured membranes**
8. **Uncontrolled Type 1 Diabetes or Gestational Diabetes**
9. **Evidence of Intrauterine Growth Restriction**
10. **Pregnancy-induced Hypertension or Pre-Eclampsia**
11. **Uncontrolled epileptic fits / seizures**

Please provide further information for any circled conditions