

PAR-Q for ante-natal exercise classes

Name _____ Date _____
Address _____
_____ Postcode _____
Hospital _____
Due date _____ Age _____

Contact for special situations

Name of contact _____ Relationship _____
Phone number _____ Mobile _____

When answering the following questions common sense is your best guide. Please read the questions carefully and answer each one honestly. All answers will be treated with the strictest confidence.

1. yes no Has your doctor even said that you have a heart condition? If yes, please give details.
2. yes no Do you feel pain in your chest when you do any physical activity?
3. yes no In the past month, have you had chest pain when you were not doing physical activity?
4. yes no Do you lose your balance because of dizziness or do you ever lose consciousness?
5. yes no Do you have a back/spine or other joint problem that could be made worse by a change in your physical activity? If yes, please give details.
6. yes no Do you suffer from raised blood pressure? If yes, is this pregnancy related and how is it being treated?
7. yes no Do you know of any other reason that could affect your participation in exercise?

If you answered yes to one or more of the above questions you must check with your doctor before taking part.

Signed _____ (Doctor/midwife) _____

If you encounter any further problems as your pregnancy progresses, please have a quiet word with me about it. Thank you and I hope you enjoy the class.