PostNatal Information

Please answer the questions below about your pregnancy as it helps your instructor understand your history and provide safer care in class.

# gENERAL

|  |  |
| --- | --- |
| Your Name |  |
| How many weeks Postnatal? |  |
| Type of delivery? |  |
| Complications in pregnancy, delivery, or post birth? Please explain or provide detail. |  |
| Child’s First & Last Name |  |
| Child’s birth date | **DD/MM/YYYY** |
| Child’s gender | M / F |

# Pregnancy ACTIVITY

|  |  |
| --- | --- |
| Regular heavy lifting (20+ lbs) | Y / N |
| Frequent walking / stair climbs | Y / N |
| Occasional or light walking | Y / N |
| Prolonged standing | Y / N |
| Mainly sitting | Y / N |
| Other regular exercise or activity during pregnancy. Please list. |  |

# Current activity

|  |  |
| --- | --- |
| What activities or exercise are you currently doing? |  |
| What fitness goals or expectations do you have? |  |
| Additional info your instructor should know about you, your pregnancy, or activity needs? |  |