

Peek-a-Boo

Name:	D.O.B:	Age:
Baby's Name:	D.O.B:	Age:
Address:	Home No.	Mobile No.
Doctor Name:	Surgery & Tel No.	
Email:		

Have you ever suffered from any form of heart Disease? Yes No

Is there any history of heart disease in your immediate Family? Yes No

Have you ever suffered from high or Low Blood pressure? Yes No

Do You Smoke? Yes No

If yes please state how many _____

Do you suffer from Diabetes / Epilepsy / Asthma? Yes No

Are you currently taking any Medication? Yes No

If yes please state _____

Do you have any injuries or any joint or Muscular pain? Yes No

i.e. Arthritis / Osteoporosis

Do you have a stressful job / lifestyle? Yes No

Are you recovering from an illness or operation? Yes No

If yes please state _____

Are you pregnant or given birth in the last Year? Yes No

What type of Delivery did you have? Did you suffer from any complications? i.e. tearing, c section, abdominals splitting? _____

Are you involved in any regular exercise? Yes No

Have you been referred by a medical professional? Yes No

Is there any medical conditions I need to be aware of concerning your baby? _____

I declare that the information above is true to my knowledge, and I see no reason not to participate in physical activity. I understand that I take part in any recommended activity by the trainer entirely at my own risk and I waive any legal resource for damages to myself or to the property arising from my participation.

Print Full Name _____

Sign & Date _____