POST NATAL

SUITABILITY TO EXERCISE SCREENING FORM

This form should be used as an addition to your normal health screening process

How many children have you had?

What year were your children born in?

Please tick any that describes your birthing experience:

- Vaginal birth
- Emergency cesarean section
- Planned cesarean section
- Forceps or Ventuse
- Post partum complications
- Wound breakdown or infection
- Pelvic girdle pain, during or after pregnancy

What weight(s) were your children at birth?

Are you breastfeeding currently? If no, have your ever breast fed and when did you stop?

Do you suffer with any of the following: If yes, it may be necessary for me to refer you to a specialist before continuing with an exercise programme or other: (Modify as required. Your scope of practice comes into play here. Remember, if in doubt refer them out.)

- Pelvic pain during exercise or at rest?
- Do you have any urinary leakage?
- Strong urge to urinate?
- Feelings of heaviness in vagina or back passage?
- Have you been diagnosed with POP (Pelvic Organ Prolapse)?
- Experiencing painful intercourse?
- Difficulty or pain during bowel movements?
- Strong urges or leakage of solid or liquid stool?

If yes: discuss current interventions, prognosis if known: Have they been given clearance to exercise.

Muscle Pain, generalized or specific?

More Information : Your details here