

# Pre/Post Natal Form

## PLEASE READ

From 30 weeks onwards individuals that have never exercised, are not eligible for the Pre Natal program.

**Please provide a doctor's clearance within two weeks validity period, stating that you are fit to exercise and the number of weeks of pregnancy.**

## PERSONAL DETAILS

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth:	day	month	year	Nationality:
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Home phone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

## PRE NATAL

	No	Yes	COMMENTS
<b>Are you pregnant?</b> <i>If yes, how many weeks are you pregnant?</i>			
<b>Have you exercised before pregnancy ?</b> <i>If yes, list type of exercise &amp; number of hours/week participated ?</i>			
<b>Have you exercised during pregnancy?</b> <i>If yes, list type of exercise &amp; number of hours/week participated ?</i>			
<b>Have you practised yoga before?</b>			
<b>Can you swim ?</b> (Deep water pool/ no support available)			

## POST NATAL

How many weeks are you post pregnancy? \_\_\_\_\_

Did you have a normal delivery or cesarean ? \_\_\_\_\_

Have you practised yoga before? \_\_\_\_\_

Can you swim ? \_\_\_\_\_  
(Deep water pool/ no support available)

**Please share below any other relevant health related information:**

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## Accepted to the Program

YES  Assessed by : \_\_\_\_\_

NO  Date: \_\_\_\_\_