

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION (PAR-MEDX) FOR PREGNANCY QUESTIONNAIRE FORM

SUMMARY OF THE PAR-MEDX PREGNANCY FORM

As you have previously filled out a PAR-Q Form and have answered YES to the Pregnancy Question for Ante Natal only, these further screening questions helps us to gain a better understanding about your current pregnancy situation. The main questions are in Italics and highlighted in yellow and the first page is for you to fill out only. Next page to follow for Local GP to fill out. We do hold a Level 3 Adapting Exercise for Ante and Post Natal Clients Fitness Qualification for the reason of this form to ask further details.

NO	QUESTIONS	YES	NO
1	<i>GENERAL HEALTH STATUS, In the past, have you experienced:</i>		
1a	Miscarriage in an earlier pregnancy?		
1b	Other pregnancy complications?		
1c	I have completed a PAR-Q within the last 30 days.		
	If you have answered YES to 1a and 1b, please explain below (including number of Pregnancies):		
2	<i>STATUS OF CURRENT PREGNANCY, During this pregnancy, have you experienced:</i>		
2a	When is your due date? ____ / ____ / ____		
2b	Marked fatigue?		
2c	Bleeding from the vagina ("spotting")?		
2d	Unexplained faintness or dizziness?		
2e	Unexplained abdominal pain?		
2f	Sudden swelling of ankles, hands or face?		
2g	Persistent headaches or problems with headaches?		
2h	Swelling, pain or redness in the calf of one leg?		
2i	Absence of fetal movement after 6th month?		
2j	Failure to gain weight after 5th month?		
	If you answered YES to any of the above questions, please explain below:		
3	<i>ACTIVITY HABITS DURING THE PAST MONTH</i>		
3a	List only regular fitness/recreational activities below that you currently do now:		
3b	Does your regular occupation (job/home) activity involve:		
3bi	Heavy lifting?		
3bii	Frequent walking/stair climbing?		
3biii	Occasional walking (> once/hr)?		
3biv	Prolonged standing?		
3bv	Mainly sitting?		
3bvi	Normal daily activity?		
3c	Do you currently smoke tobacco?*		
3d	Do you consume alcohol?*		
	*Note: Pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and during lactation.		
4	<i>PHYSICAL ACTIVITY INTENTIONS</i>		
4a	What physical activity do you intend to do (please state below)?		
4b	Is this a change from what you currently do?		

LOCAL GP USE ONLY						
<p>The second page is for your local GP to fill out in order to give the participant the all clear to exercise with no issues. If your GP has declared, you not safe to exercise due to absolute contraindications, unfortunately we wouldn't take on the participant at this present time. If the participant is on relative contraindications, it is safe to exercise with supervision from Medical GP's advice, but otherwise close monitoring will be required. The main questions are in Italics and highlighted in yellow</p>						
NO	QUESTIONS				YES	NO
1	ABSOLUTE CONTRAINDICATIONS. Does the participant have:					
1a	Haemodynamically significant heart disease					
1b	Restrictive lung disease					
1c	Incompetent cervix					
1d	Multiple gestation at risk for premature labour					
1e	Persistent second or third trimester bleeding					
1f	Placenta praevia after 26 weeks' gestation					
1g	Premature labour during the current pregnancy					
1h	Ruptured membranes					
1i	Pregnancy-induced hypertension					
1j	If you answered YES to any of the above questions, please explain below:					
2	RELATIVE CONTRAINDICATIONS. Does the participant have:					
2a	Severe anaemia					
2b	Unevaluated maternal cardiac arrhythmia					
2c	Chronic bronchitis					
2d	Poorly controlled type I diabetes					
2e	Extreme morbid obesity					
2f	Extreme low weight (body mass index <12)					
2h	History of extremely sedentary lifestyle					
2i	Intrauterine growth restriction in current pregnancy					
2j	Poorly controlled hypertension/pre-eclampsia					
2k	Orthopaedic limitations					
2l	Poorly controlled seizure disorder					
2m	Poorly controlled thyroid disease					
2n	Heavy smoking					
	If you answered YES to any of the above questions, please explain below:					
PHYSICAL ACTIVITY RECOMMENDATION						
	APPROVED		APPROVED WITH CONDITIONS		NOT SAFE TO EXERCISE	
DECLARATION						
<p>GP use - I as a GP Practice declared the participant is safe to exercise and have discussed with the patient's plans to participate in physical activity during their current pregnancy and I have his/her approval to begin participation – that I have answered No to all questions above for GP use only. If I have answered Yes to any Relative Contraindications, then the participant is safe to exercise only with conditions to meet with GP's advice. If I have answered Yes to any Absolute Contraindications, then the participant is not safe to exercise, the GP should send this back directly to update for our records – please sign to say the participant is not cleared to do Exercise below.</p> <p>Patient use - Please take this form as well as PAR-Q Form to your local GP with you to gain clearance to participate in exercise as seen below for GP to sign, can be also either Practice Manager or Nurse as an alternative to sign - this may be at an additional cost for you to get approval as it's not our responsibility. If they are unsure of this declaration form to sign, please contact us directly from page 1 of details provided.</p>						
<p>Full Terms and Conditions can be found on our website for more information as below: www.breakingrecordsfitness.co.uk/terms-and-conditions</p>						
NAME		SIGNATURE		DATE		
GP NAME FOR CLEARANCE		SIGNATURE		DATE		
GP NAME FOR NO CLEARANCE*		SIGNATURE		DATE		

*Absolute Contraindication only, please send back to us directly!