Pre & Postnatal Health & Fitness Questionnaire

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| Personal Information & Consent **P**lease refer to the Data Consent section of the Terms & Conditions for more information. | |
| Name |  |
| Phone |  |
| Email addressBy providing your email address you are agreeing to be added to our database and to receive emails from us. |  |
| Date of Birth |  |
| Emergency Contact Name & Number |  |
| Doctor, Midwife and Hospital name and no. |  |
| Pregnancy Information - N/A if postnatal | |
| What is your baby’s due date? |  |
| Do you have any other children? |  |
| Have you experienced any of the following, past or present? Circle any that apply. (We will discuss in more detail if necessary.) | Shortness of breath | Chest Pain | Miscarriage | Eating disorder | Seizures | Vaginal disorder/bleeding | Blood disorder | Heart disease | Hypoglycaemia | Pelvic or abdominal cramps | Arthritis | Incompetent cervix | Multiple gestation/births | Diabetes/gestational diabetes | High blood pressure | Pelvic Girdle problems/pain | Knee problems/pain | Back problems/pain | Neck problems/pain | Diastasis Recti (Abdominal Separation) | Other: |
| How tired do you feel? Give examples of when you feel most and least tired. |  |
| Is there anything about your pregnancy or birth that you feel could affect your ability to exercise? |  |
| Do you have any concerns about your pregnancy, or exercising during your pregnancy? |  |
| Postnatal Information - N/A if pregnant | |
| What is your baby’s date of birth? |  |
| Type of delivery? |  |
| Did you have an episiotomy? |  |
| Do you have signs of Diastasis Recti (Abdominal Separation)? |  |
| Are you breastfeeding? |  |
| Are you napping and/or resting fully during the day? |  |
| Please state the date of your 6-week postnatal checkup and any results from this appointment. |  |
| Are you suffering with any joint or back problems that you believe to be related to your pregnancy? (PGP, Carpal Tunnel) |  |
| Do you have any concerns about exercising postnatally? |  |
| Medical Information & History | |
| Do you have any conditions which a Doctor says may prevent exercise? |  |
| Are you currently taking any medication? |  |
| Have you had any surgery in the last 12 months?If yes, please detail. |  |
| Have you had any skeletal or muscular injuries?If yes, please detail. |  |
| Is there anything in your medical history that you feel could affect your ability to exercise? |  |
| Nutritional Information | |
| Do you have any dietary requirements? |  |
| Do you have any allergies? |  |
| How many units of alcohol do you drink a week?Over how many nights? |  |
| What are your good dietary habits? |  |
| What are your bad dietary habits? |  |
| Do you feel good about your diet/nutrition?Please rate your diet out of 10. |  |
| Would you like nutrition advice included as part of your package? |  |
| Lifestyle | |
| What is your occupation? If on maternity leave, what did you do previously? |  |
| Is this a desk-based job? |  |
| What are your stress levels both at work and outside work? If on maternity leave please state how stressed you currently feel. |  |
| How many hours of sleep do you get a night? Please state approximate total sleep and how many times you are up during the night. |  |
| Do you feel this is sufficient? |  |
| Do you smoke?If yes, how many per day? |  |
| Fitness information & History | |
| Do you have a gym membership or attend any exercise classes? |  |
| Did you/are you exercising during your pregnancy? If yes, please give details. |  |
| What exercise did you do before pregnancy? What was your weekly exercise schedule? |  |
| What does a current week’s exercise schedule look like for you? |  |
| What day/s of the week are best for you to fully rest? |  |
| What exercise/activities do you enjoy?Include those you enjoyed in the past (e.g. at school) & seasonal sports. |  |
| What challenges you in exercise? |  |
| What exercise do you find easy (if any)? |  |
| Do you like to be pushed to your limits or do you see exercise as maintenance? |  |
| What are your main fitness goals?List short, medium and long term. It’s helpful to make these goals ‘SMART’ i.e.  Specific – I would like to be able to run a 5k  Measurable – I would like to run this in under 30 minutes  Achievable – I can run 3-4k now so 5k is achievable with some training  Realistic – I have the time to run 2/3 times a week  Time based – I would like to run a Parkrun in July |  |
| How would you like Totality to help you with your fitness goals? |  |
| *For most fitness goals, your 1:2:1 sessions with Totality Health & Fitness should form part of a weekly training program whereby you’ll be advised to complete other exercise at home. If you feel that you might not be able to commit to more than our 1:2:1 session a week we will make you aware that reaching your goals might take longer.* | |
| Other | |
| Do you have any concerns you would like to discuss? |  |
| How did you hear about Totality Health & Fitness? |  |

All information contained on this form is CONFIDENTIAL

### Declaration

I fully understand and agree to the Terms and Conditions provided.

Additionally, I confirm that I have not been given a reason by my GP for not participating in a safe exercise programme. I confirm that I have had my midwife appointment and my first scan/Postnatal GP check-up (delete as applicable).

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| Client name & date |  |
| Client Signature |  |
| Totality Signature |  |

## Totality Health & Fitness Terms & Conditions

**Personal Training: About**

* Totality Health & Fitness will provide coaching, supervision, advice and support in order for you to meet your fitness goals.
* For most fitness goals, your 1:2:1 sessions with Totality Health & Fitness should form part of a weekly training program whereby sessions will be set for you to complete at home. If you feel that you might not be able to commit to more than our 1:2:1 session a week we will make you aware that reaching your goals might take longer.
* Your personal goals, fitness levels, and exercise likes and dislikes will be taken into account when designing your bespoke personal training package and sessions.
* By agreeing to participate in fitness sessions with Totality Health & Fitness you are agreeing to follow the session plan and guidance throughout the duration of your exercise programme.
* Your programme will be monitored and adjusted as your fitness improves.

**Personal Training: Health (Screening) & Personal Information**

* You must complete and sign a PAR-Q before commencing with any exercise programme. If you are required, you may also have to provide a letter of medical clearance from your GP stating that you are able to participate in an exercise programme but with some restrictions.
* Your personal information will be kept strictly private and confidential and in accordance with the General Data Protection Regulation ("GDPR") 2018 (In accordance with the General Data Protection Regulation ("GDPR") 2018, Totality Health & Fitness will hold your personal information for the duration of our fitness arrangement.)
* If you decide not to continue with your sessions then we will delete all information held (electronic and paper copies). Any subsequent sessions booked will initiate a new contract and your personal information will be requested again via the questionnaire.

**Pregnant & Postnatal (to 1 year after birth) clients**

* Pregnant mothers must be 12+ weeks and have had first scan and midwife appointment before commencing with an exercise programme.
* Totality Health & Fitness will provide safe, well managed exercise which will adjust regularly as baby grows.
* It is your responsibility to inform Totality Health & Fitness of any changes to your health and wellbeing before or during a session so the appropriate adjustments can be made.
* Postnatal mothers must be 8-10 weeks postnatal and have had your GP’s 6 week clearance.
* Totality Health & Fitness will perform a diastasis recti check prior to commencing exercise.

**Personal Training: Insurance**

* Helen O’Hara is insured as a Fitness Instructor by FitPro with a Public/Teacher Liability Policy of £10m. This policy covers Pre and Postnatal exercise.
* Fitpro insurance do not cover babies taken out of their buggy/placed on mats. Totality Health & Fitness understands that mums may wish or need do this occasionally and do so at their own risk. Using baby as a resistance/weight during a session is not appropriate and will not be encouraged at any time.
* Copies of insurance policies are available upon request.

**Personal Training: Sessions**

* Totality Health & Fitness sessions will last 30 minutes unless otherwise stated and will start at the scheduled time.
* Totality Health & Fitness sessions will take place at the studio: 10 Pauline Gardens unless agreed by client and PT. For home visits to which Totality Health & Fitness has to travel are charged at an extra £15 a session to cover time and travel costs; this increases to £20 if outside the Billericay area.
* Studio sessions, home visits and sessions held in local parks are covered by the risk assessment to July 2019. Routes chosen through parks are as safe as feasibly possible and any uneven surfaces will be pointed out to the client.
* Outdoor sessions will be cancelled/moved indoors in inclement weather.
* Sessions to which you are late will not be extended beyond the agreed time slot.
* Late arrival to the agreed session location is determined as 10 minutes after the agreed start time. This will be deemed as a cancelled session which will be charged to the client in accordance with the 24 hour cancellation policy below.
* Late arrival to the agreed session location by Totality Health & Fitness means the session will begin upon arrival and will last the full agreed duration at no extra cost to the client.
* Cancellations and amendments to session bookings should be communicated by phone, text or email within 24 hours of the session’s start time. See cancellation policy below.

**24 hour cancellation policy**

* A 24 hour cancellation policy applies to all scheduled sessions. Sessions cancelled or rearranged with less than 24 hours’ notice will be charged in full to the client.
* If the session is cancelled within 24 hours by Totality Health & Fitness, notice will be given as soon as reasonably possible and a complimentary session will be given.

**Personal Training: Prices**

* Sessions will be paid according to the session rates at the time of booking.
* Personal training packages must be completed within the agreed package date. 4 weeks grace is offered in case of illness/injury.
* Holiday dates which occur during the package date will be accounted for and the relevant number of additional weeks will be added on to the end of the schedule.
* Sessions missed due to illness or injury will be accounted for and adjustments to sessions made as appropriate and after discussion with the client.

**Refunds**

* If you are unable to continue with a personal training package for medical reasons, a refund may be determined based on the number of unused sessions.
* Refunds will only be given on receipt of a letter from your GP stating the reason for the restrictions to exercise.
* No other refunds will be given for unused sessions.

**Personal Training: Payment**

* Session prices, both package prices and stand-alone sessions, are agreed before any exercise plan is provided or paid session commences.
* Sessions must be paid for in advance, before the session commences, by bank transfer or cash payment.
* Money back guarantees are offered in some circumstances. Written notice with reason of dissatisfaction must be given within 24 hours of the completed session.

Totality Health & Fitness Terms & Conditions

Declaration

I, the client, fully understand and agree to these Terms and Conditions and will sign **Totality Health & Fitness’s questionnaire** stating so.

Before embarking on my fitness programme, I will also complete and sign **Totality Health & Fitness’s PAR-Q**. I also understand that I must inform Totality Health & Fitness of any other medical condition not covered on the PAR-Q and that I may therefore be advised to visit my GP prior to commencing personal training sessions.

I acknowledge that I will take part in all exercise sessions completely at my own risk and I will inform Totality Health & Fitness of any changes to my health as soon as possible.

Pregnant/Postnatal clients only

Additionally, I confirm that I have not been given a reason by my GP for not participating in a safe exercise programme. I confirm that I have had my midwife appointment and my first scan/Postnatal GP check-up.