

LET'S GO MUMMY



HEALTH QUESTIONNAIRE

Name: _____

Age: _____

Contact No: _____

Email: _____

Is this your 1st child? Yes / No

Age of child / children: _____

Did you have any complications with your pregnancy or delivery? Yes / No

If so please describe:

Do you have any existing or old injuries? Yes / No

If so, list and discuss with trainer prior to class:

Is there any other pre-existing condition which Go Figure needs to be aware of?
Yes / No

List:

Go Figure requires all class participants to have had their postnatal check prior to attending class and any issues arising from this check to be discussed with Trainer.

At all times children attending class remain the sole responsibility of parent or carer participating in class

Sign _____

Date _____