

PREGNANCY HEALTH QUESTIONNAIRE

Name:	D.O.B:
Address:	Ethnicity (please select) WHITE <input type="checkbox"/> BLACK CARIBBEAN <input type="checkbox"/> INDIAN <input type="checkbox"/> BLACK AFRICAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> BLACK OTHER <input type="checkbox"/> BANGLADESHI <input type="checkbox"/> ASIAN OTHER <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER <input type="checkbox"/>
Contact telephone number:	Email address:
Birth Partner's Name:	Birth Partner's Mobile:
GP/Midwife and contact number:	Hospital:
Baby's due date:	

Please tick as appropriate

Do you normally exercise on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many cigarettes a day?	
Do you drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many units per week?	
Is this your first child?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please state no. of children and ages:

Are you on any medication? (Yes/No) If yes please state:

Do you suffer from any of the following medical conditions?

Please select as appropriate

High blood pressure (Yes/No)

Asthma (Yes/No)

Diabetes (Yes/No)

Thrombosis (Yes/No)

Epilepsy (Yes/No)

Heart condition (Yes/No)

Chest Pain

Back/joint problems (Yes/No)

Pubic or groin pain (Yes/No)

Other (please give details) _____

In the past, have you:

Had any operations: (Yes/No) If yes please state:

Any injuries: (Yes/No) If yes please state:

Had any fertility treatment [e.g. in vitro fertilisation (IVF)]: (Yes/No)

Had recurrent miscarriages: (Yes/No) If yes how many?

This pregnancy:

Is this a multiple pregnancy: (Yes/No)

Do you have a low-lying placenta (placenta praevia): (Yes/No)

Have you had any bleeding or loss of amniotic fluid ('waters gone'): (Yes/No)

Have you had any admissions to hospital with contractions or pre-term labour: (Yes/No)

COURSE FEES

For a confirmed place on this course, please return the form with a cheque payable to 'First Parenting' and post to: First Parenting, 101 Francisco Close, Chafford Hundred, Essex RM16 6YE or BANK TRANSFER TO: 'First Parenting', Barclays Bank S/C 208654 A/C 90283274. Debit/Credit Card option available via PayPal, please enquire.

CANCELLATION

If you need to cancel your place, please contact us as soon as possible, refunds (less 20% administration charge) will be made if notice is given at least two weeks prior to the start of the course. In the event of 'First Parenting' cancelling the course, all monies will be refunded in full.

The nature of the class I am about to undertake has been fully explained to me. I have consulted by GP and/or Midwife before starting this exercise class. I am aware that all care will be taken, however I take this class at my own risk:

Signed:Date: