

Shenda Falvey

Ante & Post Natal Personal Training

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Further Information Relating To Participating In Antenatal Exercise

Is this your first pregnancy? Yes No

If no, how many pregnancies have you had?: _____

Are you/ were you a regular exerciser before becoming pregnant? Yes No

If yes, please give details?: _____

Do you suffer from asthma? Yes No

If yes, how do you control it?: _____

Do you suffer from any other conditions that may affect you during participation e.g. heartburn, nausea, soreness or muscle aches? Yes No

If yes, please give details?: _____

Do you do/ intend to do any other exercise in addition to this? Yes No

Any additional comments or concerns: