

# Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_

Are you currently under a doctor's care: Yes  No

If yes, explain: \_\_\_\_\_

When was the last time you had a physical examination? \_\_\_\_\_

Are you pregnant? Yes  No

Have you been recently hospitalized? Yes  No

If yes, explain: \_\_\_\_\_

If you have children, what are the dates of your deliveries? \_\_\_\_\_

Vaginal Birth? Cesarean Birth? Complications? \_\_\_\_\_

Please describe your birth experience(s):

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Did you have any pregnancy complications? Yes  No

If yes, explain \_\_\_\_\_

Have you been to a Pelvic Floor Physical Therapist Postpartum or recently? Yes  No

Do you have incontinence, prolapse or any pelvic floor dysfunction/symptom (leaking, pain, discomfort) and/or concern? Yes  No

Do you have, or have you been checked for Diastasis Recti? Yes  No

Do you take any medications on a regular basis?

Are you breastfeeding?

What kind of fitness did you do prior to pregnancy? During pregnancy? Yes  No

What are your current fitness goals? \_\_\_\_\_

Do you have any pain or injuries? Yes  No

Is your stress level high? Yes  No

Are you moderately active on most days of the week?

Yes    ~~No~~   

Do you have any medical condition, pain, injury or concern?

Yes                        No   

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Is there anything else your coach should know?

To the best of my knowledge, the above information is true.

Signature \_\_\_\_\_

Date\_\_\_\_\_