

## SCREENING FORM

How did you hear about Pushy Mothers®?

Name:

d.o.b:

Occupation:

Address:

Phone:

email:

Emergency contact name & phone:

Baby's name:

baby's dob:

baby's birth weight:

Other children and ages

Type of delivery: Vaginal or c-section	*Bleeding stopped? Yes/no
*Have you had your 6-8 wk check at GP? Yes/no	Did you have an episiotomy? Yes/no Stitches? Yes/no Comments:
Are you breast-feeding? Yes/no	Have you had any operations (please list)
* Are you taking any medication or supplements?:	Did you exercise during your pregnancy?
Are you pregnant again? Congratulations! How many weeks?	Did you develop Pelvic Girdle Pain in pregnancy or after delivery?

**IMPORTANT:** Have you experienced any of the following past or present? If **YES** please discuss with your instructor before attending a session.

Shortness of breath or asthma	Vaginal disorder
Hay fever	Blood disorder
Heart disease	Allergies
Chest pain	Back problems or pain
Diabetes	Knee problems or pain
Hypoglycemia	Neck problems or pain
Pelvic/ abdominal cramps	Wrist problems or pain
High blood pressure	Pubic or pelvis problems or pain

Explain:

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Medical history:

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I know of no reason why I should not participate in an exercise programme. I confirm that I have read the Pushy Mothers® safety guidelines and I understand that I take part at my own risk and I waive any legal recourse for damages to myself, my child or property arising from participation.

Signed:

Pushy Mothers® instructor:

Date:

Please tick the appropriate box below:

From time to time we may wish to contact you with special offers from Pushy Mothers™ or our partners.

- I would be happy to be contacted by Pushy Mothers™ and partners in the future
- I do not want to receive any extra correspondence thank you

## SAFETY GUIDELINES

Welcome to your first Pushy Mothers™ session. We have put together the checklist below to help you achieve a safe and enjoyable buggy session. Read carefully and feel free to ask any questions.

- You must have your GP approval to restart your exercise program
- Wear TRAINERS and comfortable clothing that you don't mind getting sweaty in!
- You should wear a good support BRA or two and if breastfeeding pop in the coasters! (Breast Pads)
- Choose appropriate clothing for the season: wearing layers is often best as we can get caught out
- All weathers: Waterproofs, hat, gloves, rain cover etc
- Summer: Hat, sun block for you and baby!
- For smaller babies have your baby carrier in case your child is upset and needs to be close to mum
- WATER! Often we bring a drink for our child but forget ourselves. If you are breastfeeding it is a must
- PRAM: All prams are suitable for the Pushy Mothers™ session but you are responsible for the maintenance and safety of your own pram. If you have pump up tires invest in a puncture repair kit and pump
- Bring a blanket or towel for floor exercises (summer only)
- Have your Pushy Mothers Instructor's mobile phone number to hand in case you get separated from the group

### ON YOUR MARKS, GET SET, CHECK...

It's not always possible but if you can manage to feed the baby before the session they will be happier (maybe even asleep!) and if breastfeeding you will be more comfortable.

Toilet check for you and nappy check for the baby before we set off.

All babies and toddlers MUST be strapped into their buggy for the whole workout unless the instructor indicates they can come out. Bring toys that strap to the pram, books, snacks etc and ration them out throughout the hour.

At each "STOPPING" station ensure that the brakes are ON.

### FITNESS IS FUN!

This Pushy Mothers™ session tries to cater for all levels of fitness and recovery and different levels of exercise will be indicated. Even so, do your own personal check to see if you are really up to doing the session. Sleep deprivation is our biggest enemy and can cause injury so assess your energy levels for the day and decide whether you need to take a rain check and maybe meet up with us afterwards for a tea and a chat!

We hope you enjoy your workout and that after a few sessions you will feel the benefit. Exercising can give you a natural "HIGH" so if you are feeling low you know where to go: Pushy Mothers™

"Once you start pushing you'll never stop!"

## Informed Consent

### Buggy Workout Objective& Procedures

I understand that the purpose of the Buggy Workout is to provide safe and postnatal specific exercise to improve health and fitness.

The outdoor session may include:

- Cardio Pushing (walking with the pram) at three different speeds, STEADY, COMFY, URGENT. At no point will I be asked to run or jump in the session.
- Walking over a range of distances and varying terrains.
- Resistance training exercises using bands and body weight to improve muscular strength and endurance.
- A mix of dynamic stretching for the warm up and static stretches for the cool down to improve movement around the joints and range of motion.

### Potential Risks

The exercise session is designed to place a gradually increasing workload on the cardiovascular and muscular systems. The reaction of the body to such exercise cannot always be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise.

I understand that I am responsible for monitoring my own condition throughout the session and that should any unusual symptoms occur, I will cease my participation and inform the Pushy Instructor.

### Potential Benefits

I understand that a programme of regular exercise has been shown to be beneficial.

- Improves cardio vascular fitness
- Burns Baby fat
- Tightens and tones pregnancy weakened muscles
- Lifts your mood
- Improves your posture
- Improves bone density

The Buggy Workout has been explained to me and my questions regarding the session have been answered to my satisfaction. I understand that I am free to withdraw at any time. The information obtained will be treated as privileged and confidential.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Pushy Instructor: \_\_\_\_\_ Date: \_\_\_\_\_