

Postnatal Physiotherapy Health Questionnaire

Please tick if you experience any of the following and give details in the space below:

Pregnancy related:

Breastfeeding / breast health issues (including mastitis)	Y / N	Dizzy/Breathless/Fainting episodes	Y / N	C-section wound discomfort / slow healing / numbness	Y / N
Anaemia / on iron supplements	Y / N	Varicose Veins	Y / N	Epidural during birth	Y / N
Piles / haemorrhoids / constipation	Y / N	Vaginal bleeding	Y / N	Swelling, pain or redness in your calf/groin	Y / N
Any leakage (bladder/bowel) eg. on cough/sneeze/lifting	Y / N	Vaginal Prolapse (bladder/bowel/uterus)	Y / N	Separation of tummy muscles (diastasis recti)	Y / N
Pelvic girdle pain / symphysis pubis dysfunction	Y / N	Any tears or episiotomies during birth	Y / N	Persistent/severe headaches	Y / N

General Health:

Thyroid (under/overactive)	Y / N	Heart Problems	Y / N	Chest pain on activity	Y / N
Reduced bone density (Osteoporosis)	Y / N	History of / current cancer or strong family history of cancer?	Y / N	High/Low blood pressure	Y / N
Ever taken Steroids for 6 months or more	Y / N	Asthma / breathing problems. If so, is it well controlled?	Y / N	Recurrent pins and needles / numbness	Y / N
Epilepsy	Y / N	Any surgery in the last year	Y / N	Joint surgery (including spinal)	Y / N
Diabetes / Gestational Diabetes	Y / N	On regular Medication (including the pill)	Y / N	Eating Disorder	Y / N
Rheumatoid / Osteoarthritis	Y / N	Hernia	Y / N	On blood thinners eg. warfarin	Y / N
Upper back / neck / shoulder pain	Y / N	Any feeling of heaviness / dragging	Y / N	Balance problems (recent changes)	Y / N
Coordination problems (recent changes)	Y / N	Regular pain at night / pain that is worse at night	Y / N	Current smoker / given up in the last 7 years	Y / N
Lower back, buttock or leg pain or sacroiliac joint (SIJ) dysfunction	Y / N	Broken bones (any in the last year / previous with ongoing issues)	Y / N	Carpal tunnel (pins & needles / numbness/tingling/weakness in fingers/wrists)	Y / N
Recent unexplained weight loss	Y / N	Current smoker / given up in the last 7 years		Currently pregnant / trying to become pregnant	Y / N
Regular night sweats	Y / N	Other aches and pains	Y / N	Other medical issue	Y / N

Details / Other:

.....

.....

.....

Name:

Signature:

Date: