



YOGA FOR PREGNANCY

All information is given in the STRICTEST CONFIDENCE. Please leave blank any questions you would prefer not to answer.

Date of first Class.....

Any problems?

Estimated due date:No weeks pregnant now

Blood Pressure High Low

Full Name

Back Pain Yes No

Address

Nausea Yes No

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Varicose Veins Yes No

.....Post Code

Tiredness Yes No

Tel (H).....Tel (W).....

Anxiety Yes No

Tel (M).....

Depression Yes No

email.....

Pubic Pain Yes No

(Please star best method of contact in case of cancellation etc)

Anaemic Yes No

If asked by another women in class may I pass on your number Y/N

Constipation Yes No

DOB..... 1st/2nd/3rd/4th baby?

Heartburn Yes No

Occupation

Not sleeping Yes No

Where do you plan to give birth? (home, hospital, birth centre)

Piles Yes No

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Cramps Yes No

Under whose care?

Any current medication?.....

Pre natal screening so far? (scans, amniocentesis, other tests)

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Gynaecological/Obstetric History (any previous complications/misconceptions, operations, IVF etc?

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Single/Married/Living with Partner?.....

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Partner's name?

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Do you have any past injuries which may affect your Yoga (eg neck, back, joints, pelvis etc)

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Is there any aspect of pregnancy, birth or parenthood that is worrying you?.....

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(please feel free to approach me after the class if you would like any help or support)

CLIENT DECLARATION:

I agree for my own safety to inform the teacher at the beginning of any class should any changes to the information given occur, or if any medical, physical or emotional problem arises while attending the classes.

SIGNED DATE

BIRTH DETAILS

Male/Female

Date Born

Birth Details