



Yoga Nama

Antenatal Yoga

Registration Form / Questionnaire

Please provide as much detail as possible. All information will be treated in the strictest confidence.

1. Contact details

Name:	
Address:	
Phone: Home:	Mobile:
Emergency contact number:	
Email address:	
G.P.'s details:	
Date of birth:	Occupation:

2. Pregnancy details

a. Due date:	b. Planned place of birth:
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c. During this pregnancy, have you suffered from any of the following? (Please tick box)

<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Oedema/swollen joints	<input type="checkbox"/> Anaemia
<input type="checkbox"/> Morning sickness	<input type="checkbox"/> Pelvic/groin pain	<input type="checkbox"/> Breathlessness
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Pre-eclampsia	<input type="checkbox"/> Sleep disturbance
<input type="checkbox"/> Constipation	<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Sciatica/back pain	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Pain from fibroids
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Anxiety/depression	Anything else?
<input type="checkbox"/> Headaches	<input type="checkbox"/> Diabetes	<hr/>

Please give details below of these or any other conditions which may have a bearing on your Yoga practice.

d. Prior to this pregnancy, have you suffered any ill health, injury or undergone any surgery (e.g. Caesarean, knee surgery), which may have a bearing on your Yoga practice?

e. Please give details of previous

Pregnancies:

Births:

Miscarriages:

f. Are you taking any form of medication?

3. Yoga details

a. Have you practiced Yoga before?

b. If so - when, for how long and what style?

c. What are your main reasons for attending an antenatal Yoga class?

d. How did you hear about Yoga Nama Classes?

Disclaimer

I confirm that I am 14 weeks pregnant or more and that I have informed my midwife / G.P. that I am participating in a prenatal Yoga class. The information I have given is correct as far as I am aware, and I understand that it is my responsibility to keep the teacher up to date and informed of any health problems or complications that may arise during the course of my pregnancy.

I take full responsibility for my body and that of my unborn child, and understand that participation in any yoga class is entirely at my own risk.

The teacher can accept no liability for any loss, damage, injury or other mishap relating to participation in a yoga class.

Signature:

Date:

Thank you for completing this form.