



## Prenatal Yoga Registration Form

All information will be treated with the strictest confidence

**Name:**

**Address:**

**Telephone:**

**Date of Birth:**

**Due Date and planned place of birth:**

**Have you practised yoga before? If so, please give details such as where, how long, which style or school of yoga etc:**

**During this pregnancy, have you experienced any of the following?**

(If you need more space please use the reverse side to give details of these or any other health issues which you feel may affect your yoga practise)

<input type="checkbox"/> Lower back pain	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Swollen joints (oedema)	<input type="checkbox"/> Low blood pressure
<input type="checkbox"/> Morning Sickness	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Aching groins
<input type="checkbox"/> Headaches	<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Breathlessness
<input type="checkbox"/> Constipation	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Depression	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Diabetes

**Are you taking any type of medication?**

**What do you hope to gain from coming to yoga?**

**Have you had any previous pregnancies or miscarriages?**

**Could you give details of any previous births and ages of children?**

(please continue on the reverse side of this sheet if you need more space)

**How did you find out about us?**

**Other information:**

- ♣ You are advised to inform your doctor that you are practising yoga
- ♣ It is best to leave two hours after eating before practising yoga
- ♣ Please make sure your mobile phone is switched off
- ♣ Try to leave your worries outside as you enter your class