**Mummy & Baby Yoga Class Registration Form**

Please complete the form to the best of your knowledge and be assured that it will be treated in the strictest confidence. The questionnaire is designed to make sure that you can practice safely in the yoga classes. Please leave out any questions you would rather not answer, bearing in mind that the answers given help to insure that the class is suitable and appropriate for the mother & baby attending.

If there is anything you are unsure about or would like to chat through, please get in touch.

Date of first class:

**Contact details**

Name of mother & baby:

Contact number:

Email:

Mothers Age:

Baby’s date of birth:

Previous births? Please give ages of your older children: \_

Please indicate best method of contact in case of class cancellation:

Email Text

**Birthing experience**

Please indicate options as they apply to your birthing experience:

1. Was labour : self-starting / induced / accelerated
2. Nature or delivery: vaginal / ventouse / forceps / caesarean
3. Delivery environment: hospital / home / water birth / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Any drugs administered during labour: gas and air / pethidine / epidural/ none / other \_\_\_\_\_\_\_\_\_\_\_\_
5. Any stitches required after : episiotomy / tearing
6. Was your baby : full term / premature / ‘overdue’

Since the birth of this baby have you experienced any of the following? (please indicate all that apply to you)

Sacroiliac pains Depression

Back pains Anxiety

Sciatica Prolonged bleeding

High blood pressure Exhaustion

Anaemia

Is there anything else you would like me to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prior to this birth, have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice? If so, please give details.

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Are you taking any form of medication that may have some bearing on your yoga practice? If so, please give details.

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**Client Declaration**

As far as I am aware, I have disclosed all information regarding the health of myself and my baby, relevant to the practice of yoga. I take full responsibility for all applications of yoga myself and my baby practice in the class and outside the class.

**I fully understand that recommendations, ideas for techniques expressed and described in these pregnancy yoga classes cannot be regarded as substitute for the advice of qualified medical practitioners.**

Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to compete this form. Please return it to bumpnbeyond@yahoo.com before your first class. I look forward to welcoming you and your baby on to the yoga mat!

Nadine x