 **Postnatal Yoga ‘Practice Safe Assessment’**

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. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_

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

Email Text

**Postnatal details:**

How many children do you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long ago did you have your last child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since having your last child what are you currently experiencing (indicate those that are affecting you right now)

Prolapse Depression

Headaches Anxiety

Hernia Struggle to balance

Constipation Cramps

Bad posture Weakness in core muscles

Sciatica Piles

Lower back pain Pelvic floor weakness

Low blood pressure High blood pressure

Diastasis recti (tummy separation) None

Any other symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have known core separation please explain which part of your core has the separation and how wide it is: (if you are ensure please state below and we can arrange to check for any separation of the core)

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What exercise do you currently take part in?

Yoga Pilates

Mummy&Baby Yoga Legs, Bums & Tums

Online fitness classes Swimming

Walking None

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How often do you exercise?

Once a week Every few weeks

Twice a week Once a month

3-4 times a week Never

4+ times a week

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Declaration**

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

**I fully understand that recommendations, ideas for techniques expressed and described in these postnatal 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 on to the yoga mat!

Nadine x