**Health Questionnaire for Pregnancy Yoga**

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Age: \_\_\_\_

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

Email Text

**Pregnancy details:**

Number of weeks pregnant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you expecting twins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this pregnancy have you experienced any of the following? (Indicate all those that have affected you)

Morning Sickness Depression

Headaches Anxiety

Dizziness Diabetes/ Gestational Diabetes

Constipation Cramps

Heartburn Pubic pain/Pelvic Girdle Pain (PGP)

Sciatica Carpel Tunnel Syndrome

Lower back pain Varicose veins

Low blood pressure High blood pressure

Breathlessness Anaemia

Piles Water retention

Asthma \*Vaginal bleeding

\*Pre-eclampsia \*Placenta Previa (marginal or complete)

*\* denotes a condition that is too serious to manage in a yoga class*

What are you hoping to gain from this class? (Please indicate all that apply)

Breathing techniques Making friends with other expectant mothers

Strengthening muscles & toning Meditation/Relaxation

Bonding with baby Relieving tension in body

Supporting good posture

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

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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 during my pregnancy.

I take full responsibility for all applications of yoga I practice in the class and outside the class during my pregnancy.

**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](mailto:bumpnbeyond@yahoo.com) before your first class. I look forward to welcoming you on to the yoga mat!

Nadine x