Pregnancy Yoga

Wimbledon Village

Registration form

About you

Name			
Email			
Date of birth		Occupation	

Address	
Postcode	
Phone number	

Emergency contact

Name	
Phone number	

Doctor's details

Please speak with your doctor before you start any course of exercise

GP name	
GP Address	
GP Phone number	

Due date	
Planned place of birth	

Have you practiced yoga before? (what style, for how long etc.)	
Why have you come to learn yoga? What do you hope to gain from it?	
How did you hear about these pregnancy yoga classes?	

About your pregnancy

During this pregnancy, have you experienced any of the following? Please tick:		
☐ Morning sickness	☐ Headaches	☐ Sciatica
☐ Varicose veins	☐ High blood pressure	☐ Low blood pressure
☐ Symphasis pubis dysfunction	☐ Constipation	☐ Oedema (swollen joints)
☐ Aching groins	☐ Bleeding	☐ Sleep disturbances
☐ Heartburn	☐ Breathlessness	☐ Pre-eclampsia
☐ Nosebleeds	☐ Diabetes	☐ Depression
☐ Dizziness	☐ Anaemia	☐ Anxiety
☐ Haemorrhoids	☐ Pain from fibroids	☐ Lower back pain

Please give details of any of the above which you have ticked, **or any other health issues that you feel may have some bearing on your yoga practice.** *Write overleaf if necessary.*

Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g. caesarean section, knee surgery) that may have some bearing on your yoga practice
If so, please give details. *Write overleaf if necessary*

Any previous pregnancies? If yes, how many?	
Any miscarriages? If yes, how many?	
Any previous births? If yes, children's ages?	
If you smoke, how many per day?	
If you drink alcohol, how much per day?	
Are you taking any form of medication that may have some bearing on your yoga practice? If so, please give details:	

I accept that I participate in all yoga classes entirely at my own risk, and any loss, damage or injury will not be the responsibility of the teacher.

Name (please print)	
Signature	
Date	