



MY ASHRAM YOGA

Health Questionnaire for Postnatal Yoga

All information given will be treated within the strictest confidence.

Leave out any questions you would prefer not to answer, bearing in mind that the answers given help to ensure that the class is suitable and appropriate for the mother attending.

Date of first class:

Contact details

Name of mother and baby:

Address:

Home telephone number:

Mobile telephone number:

E-mail (please write clearly)

Age:

(Please highlight best method of contact in case of cancellation.)

Birth details

Baby's date of birth:

Previous births? Please give ages of your older children.

Birth experiences – Please give brief details, of this most recent birth:

Highlight options as they apply to you:

Was labour self-starting/induced/accelerated

Nature of delivery vaginal/ventouse/forceps/caesarean

Delivery environment? Hospital/home/waterbirth/other

Any drugs administered during labour? Gas and air/pethidine/epidural/other

Any stitches required following tearing/episiotomy?

Was your baby full term/premature/'overdue'

State of health of baby at and immediately after birth:

Since the birth of this baby have you experienced any of the following?

Sacro iliac pains

depression



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Back pains

anxiety

Sciatica

prolonged bleeding

High blood pressure

exhaustion

Anaemia

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 state details.

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

What are you hoping to gain from this class? (Please highlight)

Interested in the breathing aspect/strengthening muscles & toning/Relieving various ailments/Quiet time to bond with your baby/Making friends with other mothers/Meditation

Other:

Terms and Conditions

- Classes are payable in 4 week block payments.
- 48hour notice is required for a cancellation so that the space can be filled. Payment will be taken for the missed class without this notice.
- The payment of a missed class (due to unforeseen circumstances or when 48hr notice has been provided) will be carried forwards to be used at the end of the pre-paid block of lessons. After this time it will no longer be valid.

Client Declaration:

As far as I am aware, I have disclosed to my yoga teacher all information regarding my health relevant to the practice of yoga after my pregnancy.

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

I fully understand that the recommendations, ideas or techniques expressed and described in these postnatal yoga classes cannot be regarded as substitute for the advice of a qualified medical practitioner.

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

Name:

Signed:

Date:

Thank you for completing this form.