



# MY ASHRAM YOGA

## Health Questionnaire for Pregnancy 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:

Address:

Home telephone number:

Mobile telephone number:

E-mail ( please write clearly)

Age:

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

### **Pregnancy details**

Estimated due date:

No. of weeks pregnant:

Pregnant with twins?

During this pregnancy have you experienced the following (please highlight those that have affected you)

Morning sickness

Depression

Headache

Anxiety

Diabetes

Dizziness

Constipation

Cramps

Heartburn

Bleeding (vaginal)

Nosebleeds

Anaemia

Sciatica

Pubic pain/pelvic girdle pain (PGP)

Asthma

Carpel tunnel syndrome

Lower back pain

Rheumatoid arthritis or Osteoarthritis

Oedema

\*Pre-eclampsia



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Low blood pressure

\*Placenta Previa (marginal or complete)

High blood Pressure

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

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 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 the recommendations, ideas or techniques expressed and described in these pregnancy 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.