

BODYMINDYOGA
PREGNANCY YOGA CLASS
REGISTRATION FORM

All Information Will Be Treated In the Strictest Confidence

Name _____

Due Date _____

Date of Birth _____

Midwifery Practice (Name of midwife)_Inc. phone no. _____

GP Inc. phone no. _____

Have you sort advise from your GP or midwife about practising yoga during this pregnancy Y/N

Planned place of birth _____

During this pregnancy have you suffered any of the following? Please circle those conditions which have affected you.

Morning sickness

Headaches

Dizziness

Constipation

Heartburn

Breathlessness

Nosebleeds

Anaemia

Diabetes

Lower back pain

Sciatica

Aching groins

Varicose veins

Oedema (swollen joints)

Pain from fibroids

High blood pressure

Pre-eclampsia

Bleeding

Depression

Anxiety

Sleep disturbance

Low blood pressure

PGP (pelvic girdle pain)

Other (*please specify*) _____

Please give details of any of the above which you have circled and/or any other health conditions which may have some bearing on your yoga practice and or pregnancy.

Please give as much information as possible about any prior injuries/illness and/or surgeries you suffered.

Previous pregnancies?

Previous miscarriages?

Previous births (Please give ages of children)

Do you take any form of medication? (*Please give details*)

Have you practiced yoga before?

Please give details (when/where/type/how long for)

Why have you come to yoga now and what do you hope to gain from it? The more you tell me about this can help inform the structure and content of the classes to be of most use to you.

*Whilst this class is specifically designed for pregnant women, all yoga classes can contain some asana (postures), pranayama (breathing techniques) and meditations that may be contraindicated if you have certain medical conditions. It is important to share as much information as possible with your tutor in order that the class can meet your needs. **Signing this form indicates that you have given all relevant information and have sought the approval of your GP and /or midwife prior to starting the class. Please ensure that you read the accompanying GUIDELINES FOR SAFE YOGA PRACTICE DURING PREGNANCY handout.***

Name _____

Date _____

Address _____

Phone: Home _____

Mobile _____

E-mail address _____

Next of Kin (Name) _____ Phone No. _____

Occupation _____