Health Questionnaire for Pregnancy Yoga

Date of first class:

Contact Details

Name:

Contact telephone number:

Email:

Age:

Please put a \* next to the best method of contact in case of cancellation.

Pregnancy Details

Estimated due date:

Number of weeks pregnant:

Pregnant with twins (or more)?

Medical details

Please note, unfortunately, you should not take part in class if you have **vaginal bleeding**, **pre-eclampsia** or **placenta praevia**.

During this pregnancy have you experienced any of the following? Please highlight.

Morning sickness

Headache

Diabetes

Constipation

Heartburn

Nosebleeds

Sciatica

Asthma

Lower back pain

Oedema

Varicose veins

Low blood pressure

High blood pressure

Depression

Anxiety

Dizziness

Cramps

Rheumatoid arthritis or osteoarthritis

Anaemia

Pubic pain/ Pelvic girdle pain (PGP)

Carpel tunnel syndrome

Other:

What are you hoping to gain from this class?

1. Interested in breath work
2. Strengthening muscles and toning
3. Relieving various ailments
4. Quiet time to bond with baby
5. Making friends with other mothers
6. Meditation
7. Other:

GDPR

|  |  |  |
| --- | --- | --- |
| Please tick Yes or No | Yes | No |
| I have read and understood the client yoga questionnaire and class information. I have been able to ask questions about the class and my questions have been answered to my satisfaction. |  |  |
| I agree to keep my teacher informed of any changes to my health. |  |  |
| I consent voluntarily to be a participant in this class and understand that I can refuse to participate and I can withdraw from the class at any time, without having to give a reason. |  |  |
| I understand that all relevant information concerning my health, relevant to the practice of yoga, has been disclosed to my teacher. |  |  |
| I take full responsibility for all applications of yoga I practice in the class and outside the class during and after my pregnancy. |  |  |
| I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared. |  |  |
| I understand that information I provide will be used by my teacher only within the context of this class. |  |  |
| I consent to my images being used for marketing purposes online and in print. |  |  |
| I agree that my real name can be used for quotes/testimonials online and in print. |  |  |

Written client information will be kept for as long as the client attends classes with Sage Yoga. The original forms will be stored securely.

Any authorised photos of the client will be retained and used indefinitely by the teacher and remain the property of the teacher.

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 the pregnancy period. I take full responsibility for all applications of yoga I practise in the class and outside of the class. **I fully understand that the recommendations, ideas or techniques expressed and described in these mother and baby yoga classes cannot be regarded as a 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.

Name:

Signed: (you can sign in class) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Thank you for completing this form.

Enjoy the class!