Health Questionnaire for Birth Preparation Session

Form for Expectant Mother

Date of Session:

Contact Details

Name of Expectant Mother:

Age of Expectant Mother:

Contact telephone number:

Email:

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 for Expectant Mother

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? (Please highlight all that apply)

1. Learning positions (asana) to help ease pain during the birth experience
2. Learning hand positions (mudras) to help ease pain during the birth experience
3. Learning breath work (pranayama) to help ease pain during the birth experience
4. Using the birthing ball to help ease pain during the birth experience
5. Learning about mantras, which can help emotionally and mentally
6. Learning about the optimal foetal position
7. Strengthening muscles and toning
8. Relieving various ailments
9. Quiet time to bond with baby
10. Time to bond with your birthing partner(s)
11. Support for the birthing partner(s)
12. Learning about what might happen in the hours after baby arrives
13. Relaxation
14. Other:

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|  |  |  |
| --- | --- | --- |
| 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 our health relevant to the practice of yoga and this session. 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 this class cannot be regarded as a substitute for the advice of medical professionals.** Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Expectant Mother:

Full Name:

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

Date:

Thank you for completing this form.

Enjoy the class! ☺

Birth Partner 1 Form

Medical details for Birthing Partner 1

Is there anything medical I should be aware of, which could affect your ability to safely take part in this Birth Preparation Session?

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 our health relevant to the practice of yoga and this session. 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 this class cannot be regarded as a substitute for the advice of medical professionals.** Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Full Name:

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

Date:

Thank you for completing this form.

Enjoy the class! ☺

Birth Partner 2 Form

Medical details for Birthing Partner 1

Is there anything medical I should be aware of, which could affect your ability to safely take part in this Birth Preparation Session?

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. |  |  |
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| 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 our health relevant to the practice of yoga and this session. 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 this class cannot be regarded as a substitute for the advice of medical professionals.** Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Full Name:

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

Date:

Thank you for completing this form.

Enjoy the class! ☺