Health Questionnaire for Mother and Baby Yoga

Date of first class:

Full Name of Mother:

Name of Baby:

Baby’s date of birth:

Contact telephone number:

Email:

Previous Births? Please give ages of older children:

Since the birth of this baby, have you experienced any of the following? Please Highlight:

1. Sacro iliac pains
2. Back pains
3. Sciatica
4. High blood pressure
5. Anaemia
6. Depression
7. Anxiety
8. Prolonged bleeding
9. Exhaustion

**Prior to this birth, have you suffered any injury or undergone any surgery that might have some bearing on your yoga practice? Please state details:**

Birthing experience – please give details of your most recent birth

Highlight any options that apply to you:

1. **Labour:** self-starting/ induced/ accelerated
2. **Nature of delivery:** vaginal/ ventouse / forceps / caesarean
3. **Delivery environment**:

home/ hospital/ midwife led unit/ water birth/other:

1. **Any drugs administered during labour:**

Gas and air/ pethidine/ epidural/ other:

1. **Stitches from:** tearing / episiotomy
2. **Did baby arrive:** premature / full term / ‘overdue’

**Baby’s health at birth and after birth:**

**Anything else that you think I should be aware of:**

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

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 practise in the class and outside the class. |  |  |
| 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 postnatal 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 do this in class) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Thank you for completing this form.

Enjoy the class!