

Registration Form for Postnatal Mother and Baby Yoga Classes

Please note that all information you provide will be treated in complete confidence.

Full name: _____ Mother's date of birth: ____ / ____ / ____

Mobile: _____ E-mail: _____

Have you studied yoga before? Please give details of how long, what style of yoga etc.

Why have you come to this class, and what do you hope to gain from it?

How did you hear about the class? _____

The following answers given will help ensure that the class is suitable and appropriate for the students attending.

Are you taking any form of medication that may have some bearing on your yoga practice?

If so, please state details: _____

Have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice?

If so, please state details here:

Questions For Mothers

Have you had any miscarriages / stillbirths? If yes, please state how many and give year/s _____

Have you had any terminations? Please give year/s? _____

If possible please provide further details here:

Mothers postnatally

Since the birth of your last baby have you experienced any of the following:

(Please circle as necessary, and give details on another page if you feel the need to)

sacroiliac pain back pains stiff neck / shoulders joint pains sciatica anaemia

high blood pressure prolonged bleeding piles mastitis depression anxiety exhaustion (!!)

Please state further details here:

Baby Postnatally

Since birth, has your baby experienced any of the following? (Please circle as appropriate)

Reflux jaundice irritability Colic hip dysplasia cranial compression fevers respiratory problems

Please provide further details if the option is not included above...

Name of first / only child (girl / boy): _____ date of birth: ___ / ___ / ___

Age of child at time of registration: _____ months or _____ weeks

Name of second child (girl / boy): _____ date of birth: ___ / ___ / ___

Name of third child (girl / boy): _____ date of birth: ___ / ___ / ___

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The following section is to be completed only by mothers who have had a baby in the past 12 months...
(The answers given will help ensure that the class is suitable and appropriate for the students attending).

Please don't worry if you are not sure of the answers. (Please circle where appropriate)

Birth experience for this baby:

Length of labour in total: _____ Was labour self-starting / induced / accelerated?

Length of first stage labour: _____ Length of second stage labour: _____

Nature of delivery – vaginal / ventouse / forceps / caesarean / other _____

Delivery environment – hospital / home / water birth / other _____

Name of midwifery team providing ante- / postnatal care _____

Any drugs administered during labour – gas and air / pethidene / epidural / other? _____

Any damage to the perineum suffered? Yes or no? Any further details, please state here: _____

Any stitches required following tearing / episiotomy? Yes or no? Degree of tearing: _____

Any post-partum haemorrhage? Yes or no?

Was your baby: full-term / premature / 'overdue'? State details: _____

At what stage was the umbilical cord cut? _____ Weight of baby at birth? _____

State of health of baby at and immediately after birth: _____

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If you are not already, are you happy to be included on my mailing list? Please circle: yes or no

Date of registration: ___ / ___ / ___

Thank you for taking time out to complete this form.

If you are completing this form before your first session, I would be extremely grateful if you could email the form to me as soon as possible to janice@yogainglossop.com.