



## Registration Form for Antenatal Yoga Students

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

### PERSONAL DETAILS

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Nos.: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Occupation: \_\_\_\_\_

Are you happy to be on my database? Yes / No (I may need to contact you regarding updates and further information)

Person to contact in case of emergency: (Name) \_\_\_\_\_

Telephone Nos.: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

### MEDICAL INFORMATION

Due Date: \_\_\_/\_\_\_/\_\_\_ Planned place of birth: \_\_\_\_\_ Midwifery Practice: \_\_\_\_\_

During your pregnancy have you experienced any of the following? (Please tick appropriate boxes below)

Morning sickness	Constipation	Nose Bleeds	Headaches
Dizziness or fainting	Heartburn	Breathlessness	Back trouble
Anaemia	Diabetes	Varicose Veins	Cramps
Odema (swollen joints)	High blood pressure	Low blood pressure	Any heart condition
Pre-eclampsia	Depression	Anxiety	Sleep disturbances
SPD	Pain from fibroids	Bleeding	

Please give details of any of the above that you have ticked, or any health issues that may have some bearing on your yoga practice. (If necessary, please continue on another page)

Do you smoke? Yes / No

Are you on any prescribed medication that may have some bearing on your yoga practice? Yes / No  
If yes, please provide more details (if necessary, please continue on another page)

Prior to this pregnancy have you suffered any injuries or undergone any surgery that may have some bearing on your yoga practice (e.g. caesarean section, knee surgery)? Yes / No  
If yes, please provide more details. (if necessary, please continue on another page)

Have you had any previous pregnancies? Yes / No Have you had any previous miscarriages? Yes / No

Have you had any previous births? Yes / No If yes, please give ages of children: \_\_\_\_\_

### YOGA RELATED QUESTIONS

Have you studied yoga before? Yes / No

If yes, please give details of how long, what style of yoga etc. \_\_\_\_\_

How did you hear about the class? leaflet or poster \_\_\_\_\_ (location)  
website friend

I would be extremely grateful if you could return the completed form to me as soon as possible to:

[janice@yogainglossop.co.uk](mailto:janice@yogainglossop.co.uk)

Thank you for taking the time to complete this form, please keep me informed if any of this information changes.  
Om shanti, Janice