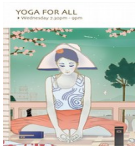

Registration Form for Antenatal Yoga Students

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 **How many?** _____

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.com*

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