

# Health form for postnatal yoga

All information will be treated in the strictest confidence

Name of mother:  
Name of baby boy/girl:  
Address:

Phone:  
email:

Baby's birth date:  
Previous births & age of older children:

## Birth experience for this baby:

Was the baby:	full term/premature/overdue
Length of labour in total:	
Length of first stage labour:	
Length of second stage labour:	
Was the labour	self starting/induced/accelerated
Nature of delivery:	vaginal/ventouse/forceps/caesarean
Delivery environment:	hospital/home/water birth/other
Any drugs administered during labour	gas & air/pethidine/epidural/other
Any damage to perineum suffered?	
Any stitches required following tearing/episiotomy?	
Any post-partum haemorrhage?	

Name of midwifery team providing ante- & postnatal care

## Mother postnatally

Since the birth of this baby have you experienced any of the following?

Sacro iliac pain	back pain	stiff neck/shoulders
Joint pains	sciatica	high blood pressure
Anaemia	prolonged bleeding	piles
Mastitis	depression	anxiety
Exhaustion	other?	

## Baby postnatally

Since the birth has your baby experienced any of the following?

Colic	jaundice	irritability
Hip dislocation	cranial compression	fevers
Respiratory problems	other?	▶

Prior to this birth, have you suffered any injury or undergone any surgery (e.g. caesarean section, knee surgery, spinal cord) that may have some impact on your yoga practice?

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

Have you studied yoga before?

What do you hope to gain from this class?

How did you learn about this class?

Thank you for completing this form