

# Health form for pregnancy yoga/pregnancy massage

## All information will be treated in the strictest confidence

**Name:**

**Address:**

**Phone:**

**e-mail:**

Please tick if you are suffering from any of the following symptoms or conditions. Please give full details of the stage of pregnancy that you experienced them.

Symptoms/conditions	√	Details of where and when
Abdominal pain		
Aching joint		
Anaemia		
Anxiety/stress		
Back pain/Sciatic pain		
Breathlessness		
Constipation		
Cramps		
Diabetes (gestational)		
Dizziness		
Emotional highs/lows		
Excessive thirst		
Fatigue		
Haemorrhoids		
Headaches		
Heartburn/indigestion		
High blood pressure		
Itching skin		
Low blood pressure		
Morning sickness/vomiting		
Oedema/swelling		
Pica (non-food-craving)		
Placenta praevia		
Pre-eclampsia		
Sleeplessness		
Symphysis pubis dysfunction		
Vaginal bleeding		
Varicose veins		
Visual disturbance		



How many weeks pregnant are you?                      Expected date of delivery?

Is this your first pregnancy?

    If no, do you have other children?                      How old are they?

        Did you have any miscarriages?

        If yes, at what week did the(y) happen?

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?

Would you potentially be interested in a separate Workshop which introducing postures, movements and breathing techniques for labour and birth for you and your birthing partner? This workshops are useful from 32 weeks onwards.

Thank you for completing this form