Postnatal Yoga Questionnaire

Dear Student,

Please fill out the following questionnaire to help us get to know you and serve you best during our time together. Thank you.

Name:

Date of birth (dd/mm/yy):

Email:

About your baby

Baby’s name:

Date of birth:

Weight at birth:

Doctor’s name:

Doctor’s address:

Phone:

About your pregnancy/birth/baby

Please list briefly any medical problems you had during pregnancy (include high blood pressure, back pain etc):

Please write a short description of your labour (include pain relief used, medical intervention etc):

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Are you or your baby presently on any medication (please give details)?

Did your baby require any special care (please give details)?

Does your baby have any medical condition I should be aware of?

Your general health

Please check any that apply:

Chronic sinus condition \_\_\_ Heart trouble \_\_\_ Low Blood Pressure \_\_\_ Diabetes \_\_\_

Hypoglycemia\_\_\_ Genito-urinary difficulties \_\_\_ Asthma \_\_\_ Ulcers \_\_\_ Intestinal complications

Immune Deficiency \_\_\_ Epilepsy \_\_\_ Chronic headaches \_\_\_ Herniated Disc \_\_\_ Sciatica

Scoliosis \_\_\_ Spondylolisthesis/Spondylolysis \_\_\_ Osteoarthritis \_\_\_ Rheumatoid arthritis\_\_\_Hernia\_\_\_ High Blood Pressure \_\_\_

Recent Surgery (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past or present allergies (to what if any?)

Chronic Pain (where?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any other health or medical conditions that you believe may be helpful to be aware of:

In case of emergency, contact:

Name:

Phone:

Relationship:

Do you feel you have suffered depression since the birth of your baby?

What is your motivation for taking yoga? Circle all that apply:

Pelvic Floor health Physical Health Flexibility Joint Pain Stress Reduction

Core Strength Mental Clarity Strength Fun General fitness

Other:

Do you currently exercise? If so, please describe.

How did you hear about this course/classes?

Did you practise yoga before your pregnancy? and during your pregnancy?

Please give details of length of time, style etc.

Is there any further information you would like to make me aware of?

I take full responsibility over the health of my baby & myself in the yoga sessions and should there be any medical change I will consult my yoga teacher.

Signed …………………………………………….

Date…………………………………………….…

Name: …………………………………………….

All information provided is confidential and will not be passed onto third parties.

I consent to you storing medical records, which may include details concerning my medication, treatment and other issues affecting my health conditions, in accordance with the General Data Protection Regulation (GDPR).

Signed: ………………………..

Date: …………………………..