

Postnatal & Baby Yoga Enrolment Form



<p>All information is confidential and is to help your tutor help you. It will not be disclosed. If you have any doubt about your medical condition or the suitability of Yoga for you, please consult your doctor.</p>	
<p>Mother Name:</p>	<p>Baby Name: Please delete as appropriate: Boy / Girl</p>
<p>Address:</p>	<p>Telephone:</p> <p>Email:</p>
<p>Mother Date of Birth : Previous births? Please give ages of your older children.</p>	<p>Baby date of Birth : midwifery practice team</p>
<p>Birthing experiences - please give brief details, of this most recent birth, circling options as they applied to you:</p> <ol style="list-style-type: none"> 1. length of labour : 2. was labour self-starting / induced / accelerated 3. nature of delivery - vaginal / ventouse / forceps/ caesarean 4. delivery environment - hospital / home / waterbirth / other 5. any drugs administered during labour - gas and air / pethidine / epidural / other 6. any stitches required following tearing / episiotomy ? 7. was your baby: full term / premature / 'overdue' 8. at what stage was the umbilical cord cut? 9. state of health of baby at and immediately after birth: <p>Since the birth, have you or your baby you experienced any emotional / physical problems (example: Depression, colic, jaundice, hip dislocation...). If yes please give details:</p>	
<p>Details of Previous Yoga Practice:</p>	
<p>Why do you want to Practice Yoga and what do you hope to gain from it?</p>	
<p>Where did you hear about the course?</p>	
<p>Occupation:</p>	
<p>Signed:</p>	<p>Date:</p>

Please turn over if you need to give any more details