

Yoga for Pregnancy Enrolment Form



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.

Name:

Address:

Telephone:

Email:

Due date & planned place of birth :

Midwifery practice :

During this pregnancy, have you experienced any of the following? Please tick those conditions which have affected you.

Morning sickness

Headaches

Dizziness

Constipation

Heartburn

Breathlessness

Anaemia

Diabetes

Aching groins

Lower back pain

Sciatica

Oedema (swollen joints)

Varicose veins

Bleeding

Sleep disturbances

High blood pressure

Pre-eclampsia

Anxiety

Details of Previous Yoga Practice:

Why do you want to Practice Yoga and what do you hope to gain from it?

What other physical activities do you take part in?

Where did you hear about the course?

Occupation:

Date of Birth:

Signed:

Date: