

## Yoga for Pregnancy Questionnaire

Any information you give will be treated in the strictest confidence and will not be shown to anyone else

Name.....

Address:.....

.....Postcode.....

Tel. No: day..... eve..... Email:.....

DoB..... Present occupation: .....

Name & address of GP and / or midwife.....

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How did you hear about the class?.....

Expected date of delivery..... Is this your first pregnancy? .....

If not how many pregnancies have you had?.....What are the age/ages of your child/children.....

Twins?.....

Have you had any problems in past pregnancies, present pregnancy, in conceiving, if so please give details?

Do you have any joint, muscle, bone injuries, back problems, if so please give details?

Are there any medical problems present eg. Diabetes, epilepsy, heart disease, high/low blood pressure, asthma or any other condition you feel might be relevant?

Are you taking any medication YES / NO if yes please give details.....  
(It may be necessary for me to check with your GP/ midwife that yoga is appropriate for you. Is this OK?) YES / NO

Have you practised Yoga before YES / NO if yes for how long?.....

What forms of exercise do you normally take?

What forms of exercise have you been taking since becoming pregnant?

Have you attended before or are you attending now, any antenatal classes?

**Enjoy your yoga. Please feel free to have a private chat with me at any time**

I agree to inform Nicki of any changes in my medical condition and accept full responsibility for myself during the yoga class

Signed..... Date.....

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