



POSTNATAL YOGA - STUDENT INFORMATION

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

OCCUPATION: _____ DATE OF BIRTH: _____

MEDICAL HISTORY

1. Have you had any major surgery? If so what & when? _____

2. Please give details of any injuries, fractures, dislocations and how long ago.

3. Do you experience any of the following? (please circle) HIGH or LOW BLOOD PRESSURE / HEART PROBLEMS / ASTHMA / ARTHRITIS / CARPAL TUNNEL / NECK PROBLEMS / BACK PROBLEMS (including Pubic Symphysis pain and/or Sacroiliac pain) / ABDOMINAL SEPARATION / PELVIC FLOOR WEAKNESS / OTHER (please specify)

ABOUT YOUR PREGNANCY / DELIVERY

4. How many weeks postpartum are you? _____ 5. Was this your first pregnancy? _____

6. Please share your baby's name & gender: _____

7. Please give details regarding the birth: (Please circle) C-SECTION / VAGINAL EARLY / LATE / PREMATURE

8. Did you experience any complications pre/post delivery? (Please specify)

YOGA EXPERIENCE

8. Have you done yoga before? If so, for how long and where / what kind?

9. What is it you would like to get out of yoga? (please circle) RELAXATION / STRESS MANAGEMENT / FLEXIBILITY / STRENGTH / RELIEF FROM BACK or NECK PAIN / OTHER (please specify):

10. How did you find out about these classes? _____

AGREEMENT: I, _____ understand that the instructions given throughout classes are intended only as a guidance. It is therefore my responsibility to...

1. Adjust my practice according to my limitation to ensure no personal injury occurs

2. Inform the teacher before the class of any recent change to my physical condition.

I hereby declare that I release **BLISS BABY Yoga** of any responsibility for any injury sustained and that I will take full responsibility for myself during the yoga classes.

SIGNED: _____ **DATE:** _____