



PRENATAL 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 have any of the following? (please circle) HIGH or LOW BLOOD PRESSURE / HEART PROBLEMS / ASTHMA / ARTHRITIS / CARPAL TUNNEL / NECK PROBLEMS / BACK PROBLEMS / OTHER (please specify)

ABOUT YOUR PREGNANCY

4. Where are you in your pregnancy? _____ weeks. Approx Due Date: _____

5. Do you have a history of miscarriage? _____ If so, once? Or multiple times? _____

6. Is this your first baby? _____ If NO, was your previous birth: (Please circle) C-SECTION / VAGINAL

Was your previous birth: (please circle) EARLY / LATE / PREMATURE

7. Are you experiencing any complications in your pregnancy? (Please specify) _____

8. How about common complaints? (please circle) FLUID RETENTION / LEG CRAMPS / ACHING HIPS / HEART BURN / NAUSEA / INSOMNIA / OTHER (please specify) _____

YOGA EXPERIENCE

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

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

11. 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:** _____