

STUDENT INFORMATION FORM (PRE NATAL YOGA)

Name: _____

Address: _____

Email: _____

Mobile: _____

I am a (please circle) beginner or regular practitioner of yoga

Where did you hear about Glenbrook Yoga Space? _____

Who is your Obstetrician/Case Load Mid-Wife? _____

Is this your first pregnancy? Yes/No

Due Date / /

Health Concerns: (PLEASE TICK)

Your medical details will be kept confidential and will not be discussed in class. They are requested to assist in the preparation of a class that is more tailored to suit your needs.

High/Low Blood Pressure ____

Back Pain ____

Sciatica/Piriformis Syndrome ____

Symphysis Pubis pain ____

Sacro-iliac pain ____

Varicose Veins ____

Haemorrhoids ____

Diabetes ____

Carpal Tunnel ____

Insomnia ____

Indigestion ____

Constipation ____

Nausea ____

Vaginal Bleeding ____

Swelling ____

Leg Cramps ____

History of miscarriage ____

IVF Pregnancy ____

Multiple pregnancy ____

Other _____

PLEASE READ CAREFULLY:

Your teacher should be informed **before the class** of any changes to the above health information. Every possible care will be taken by your teacher to ensure your well-being and safety but you must take every precaution to work within your own comfortable limits.

I agree to exercise reasonable and sensible caution for my well-being while practising yoga or any other activity under my yoga teacher's supervision.

Signature _____

Date _____