



Pregnancy Yoga - Health form



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| Name: | Date of Birth: |
| Number of weeks Pregnant: | |
| Address: | Email Address: |
| | Mobile Number: |
| Doctors Surgery: | Doctors Number: |

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| Have you ever had any injury, illness, back or joint condition that may be aggravated by exercise? | YES/NO |
| Have you ever had arthritis, asthma, epilepsy, hernia, dizziness, gout, circulation problems, varicose veins, or an ulcer? | YES/NO |
| Do you suffer from migraine/headaches or stomach pains? | YES/NO |
| Have you ever had a heart condition, high or low blood pressure, rheumatic fever, stroke, high cholesterol, diabetes, palpitations, murmurs or pains in the chest? | YES/NO |
| Do you have any pregnancy related health conditions? | YES/NO |
| Have you had a serious operation within the last 12 months, or a minor operation within the last 6 months? | YES/NO |
| Are you taking any prescribed medication? Please state: | YES/NO |
| Do you have any other condition that might be reason to modify your exercise programme such as serious eye conditions eg glaucoma and detached retina? | YES/NO |
| Do you feel you have suffered with depression or anxiety? | YES/NO |

If you have said **YES** to **ANY** of the above, or you need to make your me aware of any other conditions that may be made worse by exercise, please give brief details in order for me to adapted postures to your personal needs. (Please continue overleaf if necessary)

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Terms and Conditions

I will endeavor to ensure that you are not exposed to unnecessary risk during this course, but the responsibility for participating in any exercise or individual activity rests with you. It is important that you inform me of any relevant medical condition you have. Before starting any exercise programme it is vital you discuss any medical concerns with your GP and confirm with them that your chosen exercise course is safe for you. If any problems arise during this course please seek medical advice and inform me, as you may need to complete a new form. I offer a taster session for £6. Then students pay for a block of six sessions £60 to be taken over eight weeks. I am unable to offer a refund or to carry fees over to the following six weeks or to the postnatal class. **If I have to cancel the class, then I will offer an additional class/classes free of charge.**

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| Signed: | Date: |
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