POST-NATAL REGISTRATION FORM

(All information will be treated in the strictest confidence)

Name of Mother: Baby’s Name:

Address:

Phone: Email:

Mother’s date of birth: Baby’s date of birth:

How did you hear about the class? Do you have other children? Yes/No

Birthing Experiences: Length of labour? Was labour self-starting/induced/accelerated?

Nature of delivery – vaginal/ventouse/foreps/caesarean?

Delivery environment – hospital/home/waterbirth/other?

Any drugs administered during labour – gas and air/pethidine/epidural/other?

Any stitches required following tearing/episotomy?

Was your baby full term/premature/’overdue’?

State of health of baby at and immediately after birth?

Since the birth of this baby have you experienced any of the following? Please circle as necessary, and give details overleaf if you feel you need to:

Sacro-iliac pain back pains sciatica anaemia

High blood pressure depression anxiety exhaustion

Prolonged bleeding

Since birth, has your baby experienced any of the following?

Please circle as appropriate, and give details overleaf if you feel you need to:

Colic jaundice irritability hip dislocation

Cranial compression fevers

Have you studied yoga before? Yes/No (Please give details of how long, what style of yoga, etc.)

Prior to this birth, have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice? Yes/No

Are you taking any form of medication that may have some bearing on your yoga practice? Yes/No If so, please state details.

Thank you for completing this form.