YOGA FOR PREGNANCY ENROLMENT FORM

The information on this form is solely for the use of the tutor and will not be shared.

NAME: …………………………………. OCCUPATION: ……………………………………..

ADDRESS: …………………………………………………………………………………………

TELEPHONE: (Mobile) …………………………. Email: ……………………………………..

AGE RANGE (please tick): under 21( ) 21-30 ( ) 31-40 ( ) 41+ ( )

PREVIOUS CHILDREN & AGES: Yes ( ) No ( )

EXPTECTED DATE OF DELIVERY: …………………………………………

DOCTOR: ………………………………….. MIDWIFE: ………………………………………..

REASONS FOR ATTENDING THE CLASS: ……………………………………………………….

…………………………………………………………………………………………………………

HOW DID YOU FIND OUT ABOUT THE CLASS? ……………………………………………….

PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS OR AILMENTS:

High Blood Pressure ( ) Low Blood Pressure ( ) Recent Surgery ( )

Impaired Hearing ( ) Respiratory Problems ( ) Impaired Sight ( )

Heart Problems ( ) Varicose Veins ( ) Pre-eclampsia ( )

Detached Retina ( ) Epilepsy ( ) Back Problems ( )

Depression ( ) SPD (pubic bone) ( ) Diabetes ( )

Recent Miscarriage (when?) ……………….. Caesarean Section (when?) …………………..

IF YOU HAVE SUFFERED FROM, OR HAVE ANY OF THE ABOVE, HAVE YOU CONSULTED YOUR GP ABOUT STARTING THESE CLASSES, AND DOES S/HE CONSIDER YOU FIT TO ATTEND? Yes ( ) No ( ) N.A. ( )

I have given all the information relevant to my participation in the class and I agree, for my own safety and well-being, to inform the tutor at the start of a class, should any changes occur in the above information, or if any medical, physical or emotional problem arises during the class. I take full responsibility for my own actions during the classes.

SIGNED: ……………………………………….. DATE: …………………………………