

POSTNATAL YOGA

REGISTRATION FORM

Confidential - for our records only.

Please feel free to leave any questions unanswered, if you prefer. Continue overleaf if necessary

Name Date of 1st class

*Address

Post Code *Home Tel *Mobile

*Email Address

*Please indicate how you would prefer to be contacted

If another student asks for your tel. no. or email, may I pass it on?

Profession Are you planning to go back to work? Y/N If so, when?

Baby's Name Date of birth Birth weight

Details about the birth: Unassisted vaginal birth Induced labour Assistance with forceps

Assistance with ventuouse Episiotomy Tear? 1st/2nd or 3rd degree? Stitches

Post partum haemorrhage Planned C Section Emergency C Section

Pain relief: TENS Birth Pool Hypnotherapy Acupuncture Gas & Air Pethidine

Spinal Block Epidural General anaesthetic

Place of birth Length of labour

Generally, how do you feel in retrospect?

Are you *breast/*bottle feeding? (*Delete) How is it going?

How are you finding Motherhood? (Please feel free to mention any concerns or difficulties you may be having personally or with your baby)

Any health problems since the birth? SPD/Pelvic pain Sacro-iliac/sciatic pain Back pain Piles

Stiff neck/shoulders Joint pain Anaemia Mastitis Infection of stitches/scar

High/low blood pressure Depression Anxiety Exhaustion Diastasis Recti

I agree, for my own safety and well-being, to inform the teacher at the beginning of any class, should any changes in the above information occur, or if any medical, physical, or emotional problems should arise at any time during my Post Natal Yoga preparation.

Signed

Date