



# ZENA KIDD-MAY

Create a life you love

## Health Questionnaire for Pre-Natal Yoga

All information given will be treated with the **strictest confidence**.

Leave out any questions you would prefer not to answer, bearing in mind that the answers given help to ensure that the class is suitable and appropriate for the mother attending.

**Date of first class:**

**Do you know if you are generally very flexible / hypermobile?**

### Contact details

Name:

Address:

Home telephone number:

Mobile telephone number:

Email (please write clearly):

Age:

Occupation:

Please underline best method of contact in case of cancellation.

### Pregnancy details

Estimated due date:

No of weeks pregnant:

Pregnant with twins:

### Pregnancy health check

During this pregnancy have you experienced the following?

(Please circle those that have affected you)

Morning sickness	Headache	Diabetes
Constipation	Heartburn	Aching joints
Nosebleeds	Sciatica	Asthma
Lower back pain	Oedema (swollen joints)	Sleep disturbances
Varicose veins	Pre-eclampsia	Low blood pressure
High blood pressure	Anxiety	Piles
Depression	Dizziness	Cramps
Bleeding	Breathlessness	Anaemic
Stiff neck and shoulders		
Pubic pain/ girdle pain		
Placenta previa (covering the cervix) marginal or complete		
Carpel tunnel syndrome (wrist pain)		
Rheumatoid Arthritis or Osteoarthritis (where)		
Water retention		

### **Pregnancy Yoga class**

#### **Why have you come to this class and what are you hoping to gain from it?**

(Please circle)

Interested in the breathing aspect / Strengthening muscles & toning / Relieving various ailments / Quiet time to bond with your baby / Making friends with other mothers / Meditation

#### **How did you hear about this class?**

(Please circle)

Friend / Previous student / Midwife / Health visitor / Poster/ Advert / Gym / Hospital hand-out / Birthlight /Yoga website / my website

#### **Would you be interested in going on my mailing list for the following information?**

(Please circle)

Post-Natal recovery	Mother & Baby Yoga	General Yoga classes
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Tips for your home practise

Yoga at Work

Yoga Retreats

**Are you interested in the following?**

(Please circle)

Birth Preparation Workshops

Breast-feeding Workshops

Hypnotherapy for Birthing Workshops

Parenting Workshops

Holistic Massage for Pregnancy

Cranial Osteopath for mother & Baby

(Please feel free to approach me after class or email me if you would like any help or more information on anything you are concerned about or interested in)

**Client Declaration**

As far as I am aware, I have disclosed to my yoga teacher all information regarding my health relevant to the practise of yoga during my pregnancy.

I take full responsibility for all applications of yoga I practise in the class and outside the class during my pregnancy.

I fully understand that the recommendations, ideas or techniques expressed and described in Satya Yoga pregnancy classes cannot be regarded as substitute for the advice of a qualified medical practitioners.

Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Name:

Signed:

Date:

Thank you for completing this form.