



ZENNA KIDD-MAY

Create a life you love

Health Questionnaires for Postnatal Women

Details on this form are entirely confidential and the answers given help to ensure that the class is suitable and appropriate for the students attending. Please leave out any questions you would prefer not to answer.

Contact details

Name:
Address:
Home / mobile telephone number:
Email (**please write clearly**):
Age:
Occupation:

Baby's details:

Name of baby: Boy / Girl (please circle as appropriate)
Baby's date of birth:
Age of baby:
Previous births:
Names and ages of older children:

Birth experiences for this baby –

Length of labour in total:
Nature of delivery: Vaginal / Ventouse / Forceps / Caesarean
Delivery environment: Hospital / Home / Water Birth / Other
Any drugs administered during labour: Gas & Air / Pethidine / Epidural / other
Any damage to perineum suffered?
Any stitches required following tearing / episiotomy?
Any postpartum haemorrhage?
Was your baby: Full term / Premature / Overdue
Weight of baby at birth:
State of health of baby at and immediately after birth:

Roughly how much sleep are you getting each night?

Mother Postnatally

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 (near tail bone)	Back Pain	Stiff Neck / Shoulders
Joint Pains	Sciatica	High or Low Blood Pressure
Anaemia	Prolonged Bleeding	Piles/Constipation/Varicose Veins
Mastitis	Depression	Anxiety
Exhaustion (a favourite choice!)	Breast Feeding Issues	Carpal Tunnel Syndrome (wrist pain)
Symphysis Pubis Pain		

Other

Baby Postnatally

Since birth has your baby experienced any of the following?

www.zenakidd-may.com

info@kidd-may.com

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

Colic Jaundice Irritability Hip
Dislocation
Cranial Compression Fevers Respiratory Problems

Prior to this birth, have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice? Please give details.

Prior to this birth, have you had any miscarriages / still births? Please give details.

Prior to this birth, have you had any terminations? Please give details.

Are you taking any form of medication that may have some bearing on your yoga practice?

Have you studied yoga before? Please give details of how long and what style of yoga?

Why have you come to this class and what do you hope to gain from it?

How did you hear about this class?

Friend / Previous Student / Midwife / Health Visitor / Website / Article / Advert / Poster / Gym

Declaration:

I can confirm that I have had the all clear by my GP to commence suitable postnatal exercise. I am aware that I must feel well prior to each class and will notify you (the trainer) should I feel unwell at any time during the class.

Whilst I am aware every effort has been taken to ensure this exercise class is suitable for postnatal mother & baby, I understand that my participation and safety of both my baby/child and myself are my responsibility.

Print Name:

Signed:

Date: