Registration form Postnatal Yoga

with Baby Yoga & Massage

All information will be treated in the strictest confidence

|  |  |  |
| --- | --- | --- |
| Name  | Click or tap here to enter text. |  |
| Address  | Click or tap here to enter text. |  |
| Post Code  | Click or tap here to enter text. |  |
| Home Phone Number  | Click or tap here to enter text. |  |
| Mobile Number  | Click or tap here to enter text. |  |
| Email Address  | Click or tap here to enter text. |  |
| Baby’s Name  | Click or tap here to enter text. |  |
| Baby’s Date of Birth  | Click or tap to enter a date. |  |
| Was your baby premature  | Click or tap here to enter text. | Born before 37 weeks  |
| Please complete applicable\*  |  |
| Have you practiced Yoga before? Please give details… |  |
| Click or tap here to enter text. |  |
| Have you any experience of Baby Yoga or Massage? Please give details… |  |
|  Click or tap here to enter text.    |  |
| Have you & your baby had your 6-week postnatal check-up? [ ] Yes [ ] No  |
| Has your doctor/health professional cleared you for exercise? | [ ] Yes [ ] No  |
| Prior to this birth, have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice?  |
|  Click or tap here to enter text.    |
| Are there any Cultural factors that need to be considered?  |
|  Click or tap here to enter text.   |
| Any Learning or physical needs? [ ] Yes [ ] No  |
|  Click or tap here to enter text.   |
| Do you find it difficult to sit for extended periods of time? [ ] Yes [ ] No  |
|  Click or tap here to enter text.   |
| Is there is any other information you feel you need to share prior to your first Postnatal class?  |
|  Click or tap here to enter text.      |
| Since birth, has your baby experienced any of the following?  |
| Colic  | [ ]   | Jaundice  | [ ]   | irritability  | [ ]   |
| Hip dislocation  | [ ]   | Cranial compression  | [ ]   | fevers  | [ ]   |
| Any Chronic or acute health issues  | [ ]   |   |
| Does your baby suffer from any chronic health issues? [ ] Yes [ ] No  |
|  Click or tap here to enter text. |
| Does your baby have any additional needs? [ ] Yes [ ] No  |
|  Click or tap here to enter text.   |
| Are you or your baby on any medication? [ ] Yes [ ] No  |
|  Click or tap here to enter text.  |
| Since the birth of this baby, have you experienced any of the following?  |
| sacroiliac pain  | [ ]  | back pains  | [ ]  | sciatica  | [ ]  |
| high / low blood pressure  | [ ]  | anaemia  | [ ]  | prolonged bleeding  | [ ]  |
| depression  | [ ]  | anxiety  | [ ]  | exhaustion  | [ ]  |
| Stiff neck/shoulders  | [ ]  | joint pain  | [ ]  | Mastitis  | [ ]  |
| Carpal tunnel  | [ ]  | PGP  | [ ]  | insomnia  | [ ]  |
| Varicose veins  | [ ]  | haemorrhoids  | [ ]  | Diastasis recti/ Abdominal Separation  | [ ]  |
| Coccyx damage  | [ ]  | Prolapse  | [ ]  |
| If so, please give details..Click or tap here to enter text.   |
| Do you have any chronic or acute health issues?  |
|  Click or tap here to enter text.   |

**Birthing Experience**

*Please give details, of this birth, ticking all options that are applicable*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was your Labour?  | [ ]  | Self-Starting  | [ ]  | Induced  | [ ]  | accelerated  |  |
| Nature of Labour  | [ ]  | Vaginal  | [ ]  | Ventouse  | [ ]  | Forceps  | [ ]  | Caesarean  |
| Delivery environment  | [ ]  | Hospital  | [ ]  | Home  | [ ]  | Water  | [ ]  | Other  |
| Any Drugs administered during Labour?  | [ ]  | Gas & Air  | [ ]  | Pethidine  | [ ]  | Epidural  | [ ]  | Other  |
| Any Stitches administered during labour  | [ ]  |  |  |   |  |  |
| Was your baby  | [ ]  | Full term  | [ ]  | Premature  | [ ]  | Overdue  |
| If there is any other information you would like to share, please feel free to below  |
| Click or tap here to enter text.         |

Disclaimer

Please sign the following disclaimer:

* I have declared all information regarding my health and the health of my baby that might affect my successful participation in Lissa Milton Yoga Postnatal classes.
* I take full responsibility for the health of myself and my child during the sessions and should there be any medial changes I will inform my instructor, Lissa Milton.
* If I have any medical worries, or concerns I will seek the advice of my medical professional before proceeding with Lissa Milton Postnatal Yoga classes.
* Please note the 28-day Cancellation Policy for this Course.

## I understand that I will be responsible for my baby throughout the course (please tick) [ ]

 Signed *(type name if submitting electronically\*)*Click or tap here to enter text.

## Parent / Caregiver Signature ………………………………………………….

Date Click or tap to enter a date.

*\*If you are submitting electronically the emailing of the form constitutes your personal certification that the details are correct. (Email to hello@lissamiltonyoga.co.uk)*

Thank you for taking the time to register with Lissa Milton Yoga Postnatal Classes