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