Registration form Pregnancy Yoga Students

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. |  |
| Work Phone Number | Click or tap here to enter text. |  |
| Home Phone Number | Click or tap here to enter text. |  |
| Work Email Address | Click or tap here to enter text. |  |
| Home Email Address | Click or tap here to enter text. |  |
| Occupation | Click or tap here to enter text. |  |
| Date of Birth | Click or tap here to enter text. |  |
|  | |  |
| Date of First Pregnancy Yoga Class you are registering for… | | Click or tap to enter a date. |
| Estimated Due Date | Click or tap to enter a date. |  |
| Planned Place of Birth | Click or tap here to enter text. |  |
| GP/Midwifery Practice | Click or tap here to enter text. |  |
|  | | LMY NOTES |
| Have you practiced yoga before? Click or tap here to enter text.  Please give details of how long, what style of yoga etc. | | |
| Click or tap here to enter text. | | |
| Why have you come to learn yoga, and what do you hope to gain from it? | | |
| Click or tap here to enter text. | | |

During this pregnancy, have you experienced any of the following?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Morning Sickness |  | Constipation |  | Nosebleeds |  | Lower Back Pain |  | Varicose Veins |
|  | High Blood Pressure |  | Depression |  | Bleeding |  | Headaches |  | Heartburn |
|  | Anaemia |  | Sciatica |  | Oedema  (Swollen  Joints) |  | Pre-  Eclampsia |  | Anxiety |
|  | Fibroid Pain |  | Dizziness |  | Breathlessness |  | Diabetes |  | Aching Groin |
|  | Sleep  Disturbance |  | Breath |  | Low lying Placenta |  | PGP |  | |
|  | Other | Please give details | | Click or tap here to enter text. | |  | |  | |

|  |  |  |
| --- | --- | --- |
| Please give details of any of the above which you have selected, or any other health issues which you feel may have some bearing on your yoga practice | | |
| Click or tap here to enter text. | | |
| Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g. caesarean birth, knee surgery etc) that may have some bearing on your yoga practice?    Yes No  If so, please give details Click or tap here to enter text. | | |
| Have you had any previous pregnancies? | Yes | No |
| Have you had any previous miscarriages? | Yes | No |
| Have you had any previous births? | Yes | No |
| Do you smoke? | Yes | No |
| Are you taking any form of medication that may have some bearing on your yoga practice? | Yes | No |
| Is there is any other information you feel you need to share prior to your first yoga class?  Click or tap here to enter text. | | |
| How did you hear about Lissa Milton Yoga classes? | | |
| 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 the baby that might affect my successful participation in Lissa Milton Yoga Pregnancy Yoga Classes.
* I take full responsibility for my body and my baby.
* If I have any worries, I will seek the advice of my medical professional before proceeding with Lissa Milton Yoga Pregnancy Yoga classes.
* I will promptly inform my Lissa Milton Yoga teacher of any health issues that arise during the course of my pregnancy.
* Please note the 28 days Cancellation Policy for Courses.

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

Or sign name: ……………………………………………………..

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*

Submit: hello@lissamiltonyoga.co.uk

Thank you for taking the time to register for Pregnancy yoga.