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  |
| [ ]  | SleepDisturbance | [ ]  | Breath | [ ]  | Low lying Placenta | [ ]  | PGP |  |
| [ ]  | Other | Please give details  | Click or tap here to enter text. |  |  |

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| --- |
|  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.