Registration form for Antenatal Yoga Classes

Please note that all information given on this form will be treated as strictly confidential.

Name	Date of birth:
Address:	
Telephone (home):	Telephone (work):
Email:	
Occupation:	
Due date:	Planned place of birth:
Midwifery practice:	

During this pregnancy have you experienced any of the following?

Morning sickness	☐	Headaches	☐	Dizziness	☐
Constipation	☐	Heartburn	☐	Breathlessness	☐
Nosebleeds	☐	Anaemia	☐	Diabetes	☐
Lower back pain	☐	Sciatica	☐	Aching groin	☐
Varicose veins	☐	Oedema (swollen joints)	☐	Sleep disturbances	☐
High blood pressure	☐	Pre-eclampsia	☐	Depression	☐
Bleeding	☐	Anxiety	☐	Pain from fibroids	☐

Please give details of any of the above which you have ticked or any other health issues which you feel may have some bearing on your yoga practice:

Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g. caesarean section, knee surgery) that may have some bearing on your yoga practice? If so, please state details:

Previous pregnancies?

Previous miscarriages?

Previous births? Please give ages of children.

Do you smoke?

Are you taking any form of medication that may have some bearing on your yoga practice? If so, please state details:

Please print this form and post the completed form to:
Sofya Ansari 16 Prospect Drive, Cardiff CF5 2HN

Thank you for completing this form