

Pre Natal Registration Form

CONFIDENTIAL : Details on this form are for my own records and hopefully will enable me to help you. Please leave blank any questions you would prefer not to answer.

NAME DATE DUE

ADDRESS 1st / 2nd / 3rd BABY

DATE OF BIRTH RECOMMENDED BY

PHONE NO.(s): HOME MOBILE

EMAIL : OCCUPATION

WHERE DO YOU PLAN TO GIVE BIRTH? (home, hospital, birth centre)

ARE YOU HAPPY WITH YOUR CHOICE OF BIRTH PLACE?

CONSULTANT/MIDWIFE'S NAME/TEAM.....

ARE YOU LIVING WITH A PARTNER? PARTNER'S NAME

WHO ELSE, APART FROM THE MIDWIFE, IS ATTENDING THE BIRTH?

ARE YOU LIKELY TO REQUIRE A BIRTH PREPARATION CLASS?

ANY CURRENT HEALTH PROBLEMS?: eg. Varicose Veins Back Pain Piles Heartburn

High Blood pressure Depression Other

GENERAL HEALTH (any current medication)

ANY PAST INJURIES (eg neck, back, joints, pelvis)?

GYNAE/OBSTETRIC HISTORY (any previous complications, miscarriage, operations, IVF, etc.)

PREVIOUS BIRTHS: (Date, place and relevant info)

Is there any aspect of pregnancy, birth or parenthood that is worrying you?

.....(please approach me after the class if you would like any help or support).

It can useful to have guidance via physical touch / adjustment - please indicate here if you do not want physical contact in class?

Where did you hear about this class?

PLEASE SIGN: I agree to inform the teacher at the beginning of any class should any changes appear in the above information, or if any medical, physical or emotional problem arises while attending the classes. I agree to terms and conditions as stated on the website. This information will be treated in the strictest confidence by your yoga teacher. Please note that yoga is done at your own risk. No responsibility can be accepted for any injury incurred whilst on these premises. It is not wise to try to do yoga under the influence of alcohol or drugs. Please continue overleaf should you need to.

SIGNED DATE