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**All the information given will be treated with the strictest confidence.**

Name of Mother and Baby:

Mother and Baby DOB:

Previous births:

Please give ages of your older children:

Birthing experiences: Please give brief details of this most recent birth

Contact number:

Emergency contact, name and number:

Email:

Address:

Location and time of class:

**Please highlight options as they apply to you:**

Was your labour: Self starting / Induced / ASccelerated

Nature of delivery: Vaginal / Ventouse / Forceps / Caesarean

Delivery environment: Hospital / Home / Waterbirth / Other

Any drugs administered during labour: Gas and air / Pethidine / Epidural / Other

Any stitches required following: Tearing / Episiotomy

Was your baby: Full term / Premature / Over due

State of health of baby at and immediately after birth: Healthy / Normal

**Since the birth of this baby have you experienced any of the following?**

|  |  |  |
| --- | --- | --- |
| Question  | Yes / No  | If yes please give details  |
| Sacro iliac pains  |  |  |
| Back pains  |  |  |
| Sciatica |  |  |
| High blood pressure |  |  |
| Anaemia |  |  |
| Depression  |  |  |
| Anxiety |  |  |
| Prolonged Bleeding  |  |  |
| Exhaustion  |  |  |

Prior to this birth have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice? If so please state details.

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

**Client declaration:** As far as I am aware, I have disclosed to my yoga teacher all information regarding my health relevant to the practice of yoga postpartum. I take full responsibility for all applications of yoga I practice in the class and outside the class.

**I fully understand that the recommendations, ideas, techniques expressed and described within these yoga classes cannot be regarded to substitute the advice of a qualified medical practitioner.**

Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Signature …………………………………………………………………………………………..

Print Name ………………………………………………………………………………………..

Date…………………………………………………………………………………………………

Thank you for taking the time to complete this form.

Alex x