

Purbeck Yoga



POSTNATAL (mums and babies) YOGA REGISTRATION FORM

Mother's name (please print): _____ D.O.B: _____

Baby's name: _____ D.O.B: _____

Address: _____

Town: _____ Postcode: _____

Phone (home & mobile): _____

Email Address: _____

Jodi will use this to keep you updated of any class changed etc

Emergency contact (Name & phone): _____

Previous births? please give ages of your older children. _____

Birth experiences:

please give brief details, of this most recent birth, circling options as they applied to you:

midwifery practice team: _____

length of labour: _____

was labour: self-starting / induced / accelerated

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 / 'overdue'

at what stage was the umbilical cord cut? _____

state of health of baby at and immediately after birth: _____

Since the birth of this baby have you experienced any of the following:

Please circle as necessary, and give details overleaf if you feel you need to:

sacro iliac pain / back pains / sciatica / high blood pressure / anemia

prolonged bleeding / depression / anxiety / exhaustion

Since birth, has your baby experienced any of the following?

Please circle as appropriate, and give details overleaf if you feel you need to:

colic / jaundice / irritability / hip dislocation / cranial compression / fevers

Have you studied yoga before? Please give details of how long, what style of yoga etc.

Why have you come to family yoga, and what do you hope to gain from it?

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

Please list anything else that you think may have some bearing on your yoga practice including any form of medication that you may be taking. This information will help Jodi modify and tailor poses for your comfort and safety.

You are advised to keep Jodi updated should any of the above change, for you own safety and well being.

How did you hear about Jodi? _____

Start date: _____

Thank you for filling out the form!

website: www.purbeckyoga.co.uk

email: jodi@purbeckyoga.co.uk phone: 07977 216106

