

PREGNANCY YOGA REGISTRATION FORM

		D.O.B:	
Address:			Dostondo
			Postcode:
Fmail Address:			
Eman Address	Jodi will use this to keep yo	u updated of any clas	ss changed etc
Occupation:			
Emergency contac	ct (Name & phone):		
Due date and pla	nned place of Birth (if know	wn):	
GP/Midwifery Pra	ctice:		
Have you studied	yoga before? Please give de	etails of how long, w	hat style of yoga etc.
Why have you cor	ne to learn yoga, and what	do vou hone to gai	n from it?
	nancy, have you experience		ng?
Morning sickness	conditions which have affected y Symphasis pubis dysfunction		Anaemia
Constipation	Breathlessness	Aching groins	Headaches
Nosebleeds	Sleep Disturbances	Haemorrhoids	Pain from fibroids
Lower back pain	Sciatica	Depression	Heartburn
Varicose veins Low blood pressure	Oedema (swollen joints) High blood pressure	Anxiety Pre-eclampsia	Diabetes Bleeding
Low blood pressure	riigii blood pressure	r re-celanipsia	Diccurry
		e highlighted, or any ot	her health issues, which you feel may
have some bearing or	n your yoga practice.		
Prior to this pregi	nancy, have you suffered a	ny injury, ailment o	r undergone any surgery
	ction, knee surgery) that m		
Have vou had any	v: previous pregnancies?	previous miscarri	iages? previous births?
	ges of children.		
Do you smoke?	How many per day?		
Please list anythir	ng else that you think may	have some bearing	on your yoga practice including
any form of medi	cation that you may be ta	king. This informa	ation will help Jodi modify and
tailor poses for yo	our comfort and safety.	36	(SPR) 47
You are advised to l	keep Jodi updated should any	of the above change,	for you own safety and well being.
How did vou hear	about Jodi?		
22 2			nk you for filling out the form!

website: www.purbeckyoga.co.uk

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

