



# Living Your Yoga

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## PRE/POSTNATAL ADDITIONAL QUESTIONNAIRE

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Name:

Mobile:

Address:

### Additional personal details

Midwife/health visitor name and tel:

Emergency contact name and relationship:

Emergency contact tel:

Emergency contact address:

### Additional pregnancy/postnatal related health and medical details

- |   |     |    |
|---|-----|----|
| • High blood pressure (HBP)                 | Yes | No |
| • Low blood pressure (LBP)                  | Yes | No |
| • Back/neck problems/sciatica               | Yes | No |
| • Other muscular/joint problems             | Yes | No |
| • Previous pregnancies - how many and dates |     |    |

- Any ongoing related problems:

## Pregnancy

How many weeks? Due date:

- |                                   |     |    |
|-----------------------------------|-----|----|
| • Any history of miscarriage?     | Yes | No |
| • Symphysis pubis disorder (SPD)? | Yes | No |
| • Any other complications         | Yes | No |

## Postnatal

How long since the birth?

Baby's name and birth weight:

- |                                 |     |    |
|---------------------------------|-----|----|
| • Did you have a vaginal birth? | Yes | No |
|---------------------------------|-----|----|

Please detail any medical interventions or complications:

- |              |     |    |
|--------------|-----|----|
| • C-section? | Yes | No |
|--------------|-----|----|

Past and/or current health problems, treatments and medications.  
Further details of pregnancy/birth complications, also any health conditions baby has, medication or special care required:

I declare that the information I have given here is correct and as far as I am aware I can participate in pre/postnatal classes without any adverse effects. I declare that I have a GP/Midwife permission to participate in pre/postnatal classes. I understand that it is my responsibility to keep the teacher up-to-date on my health situation and that it is important for the teacher to be aware of any health problems or arising complications.

I understand that my body is my responsibility and that should I be uncomfortable or in pain during an exercise I need to talk to the class teacher at the time so that suitable variations can be provided.

I understand that this form is strictly confidential and is solely for the use of the class teacher to help provide a safe environment within classes.

Signed:

Date: