

Pregnancy Yoga Health Form

With The Shala at Sarvanga

This form helps us support you safely during your pregnancy yoga course. All information is kept confidential. Please always inform your teacher at the start of class if you have any new or ongoing concerns.

Full Name:	
Email:	
Phone Number:	
Emergency Contact Name:	
Their Phone:	
Date of Birth:	
Registered GP:	
First date of course you are joining:	
Estimated due date:	
Weeks pregnant at start of the course:	
Have you had any previous pregnancies?	
Have you had any previous births?	
Have you have any previous losses?	
Are you taking any medication which might affect your yoga practice?	

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During your pregnancy have you experienced any of the following?

<input type="checkbox"/> Morning sickness	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Sleep disturbance
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Piles
<input type="checkbox"/> Fibroid pain	<input type="checkbox"/> Pelvic Girdle Pain / SPD	<input type="checkbox"/> High / Low blood pressure	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Breathlessness	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Low lying placenta	<input type="checkbox"/> Oedema
<input type="checkbox"/> Constipation	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Pre-eclampsia	<input type="checkbox"/> Heartburn
<input type="checkbox"/> Exhaustion	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches

Other:

Do you have any pre-existing physical health issues or injuries?

Are you experiencing any emotional or mental health issues arising from or surrounding this or a previous pregnancy / birth?

Do you have any pre-existing emotional or mental health issues?

Do you have any other concerns surrounding participating in yoga / a physical activity / meditation / breathing exercises?

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Is there anything else you would like to inform us of prior to starting the course?

Have you studied yoga before?

What do you hope to gain from this class?

How did you learn about this class?

Thank you so much for taking the time to complete this form, please ensure it is returned to us via email as soon as you book your place (completing digitally, or a clear photograph of each page is fine if you don't have a scanner).

The teacher may choose to speak with you privately about any concerns, and please be sure to speak with your teacher if there are any changes in your health or wellbeing during the course.

Please be aware that like any physical activity there may be a risk of injury, and personal care and attention should be taken at all times. By booking and participating in this class you agree that you are solely responsible for your own health and wellbeing, and your babies health and wellbeing at all times.

Date:

Print Name:

Signed: