



PRENATAL YOGA - STUDENT INFORMATION

NAME _____

PHONE (H) _____ (M) _____

EMAIL _____

OCCUPATION _____

DATE OF BIRTH _____

I WOULD LIKE TO RECEIVE THE OCCASIONAL NEWSLETTER AND CLASS UPDATES BY EMAIL /

TEXT. (PLEASE CIRCLE) YES / NO

MEDICAL HISTORY

HAVE YOU HAD ANY MAJOR SURGERY? IF SO, WHAT AND WHEN? _____

PLEASE GIVE DETAILS OF ANY INJURIES, FRACTURES, DISLOCATIONS AND HOW LONG AGO

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)

HIGH/LOW BLOOD / PRESSURE / HEART PROBLEMS / ASTHMA / ARTHRITIS / CARPAL TUNNEL

/ NECK PROBLEMS / BACK PROBLEMS / ABDOMINAL SEPARATION / PELVIC FLOOR

WEAKNESS / OTHER

(PLEASE SPECIFY) _____



ABOUT YOUR PREGNANCY

WHERE ARE YOU IN YOUR PREGNANCY? _____ WEEKS

APPROX DUE DATE _____

DO YOU HAVE A HISTORY OF MISCARRIAGE? IF SO, ONCE OR MULTIPLE _____

IS THIS YOUR FIRST BABY? YES/NO

IF NO, WAS YOUR PREVIOUS BIRTH VAGINAL / C-SECTION

WAS YOUR PREVIOUS BIRTH (PLEASE CIRCLE) EARLY / LATE / PREMATURE

ARE YOU EXPERIENCING ANY COMPLICATIONS IN YOUR PREGNANCY? (PLEASE SPECIFY)

ARE YOU EXPERIENCING ANY COMMON COMPLAINTS? FLUID RETENTION / LEG CRAMPS /

ACHING HIPS / LOWER BACK PAIN / HEART BURN / NAUSEA / INSOMNIA / OTHER

YOGA EXPERIENCE

HAVE YOU DONE YOGA BEFORE? IF SO, FOR HOW LONG AND WHERE / WHAT KIND?

WHAT IS IT YOU WOULD LIKE TO GET OUT OF YOGA? RELAXATION / STRESS MANAGEMENT

FLEXIBILITY / STRENGTH / PAIN RELIEF / BIRTH PREPARATION / OTHER .

HOW DID YOU FIND OUT ABOUT THESE CLASSES? _____

AGREEMENT

I, _____ UNDERSTAND THAT THE INSTRUCTIONS
GIVEN THROUGH OUT CLASS ARE INTENDED ONLY AS A GUIDANCE. IT IS THEREFORE MY
RESPONSIBILITY TO,

1. ADJUST MY PRACTICE ACCORDING TO MY LIMITATIONS TO ENSURE NO PERSONAL
INJURY OCCURS.

2. INFORM THE TEACHER BEFORE THE CLASS OF ANY RECENT CHANGE TO MY PHYSICAL
CONDITION.

I HEREBY DECLARE THAT I RELEASE **THE GLO PROJECT** OF ANY RESPONSIBILITY FOR ANY
INJURY SUSTAINED AND THAT I WILL TAKE FULL RESPONSIBILITY OF MYSELF DURING THE
YOGA CLASS.

SIGNED _____ **DATE** _____

(OFFICE USE ONLY)