



MOTHER & BABY YOGA CLASS REGISTRATION FORM

All information will be treated in the strictest confidence.

Name of Mother & Baby:

Email:

Phone:

Baby's date of birth:

How did you hear about our classes?

Previous births? Please give ages of your older children.

Birthing experiences – Please give brief details, of this most recent birth.

Circling options as they applied to you:

- 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'
- State of health of baby at and immediately after birth:

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

sacro iliac pain	back pains	sciatica
high blood pressure	anaemia	prolonged bleeding
depression	anxiety	exhaustion (a favourite choice!)

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

colic	jaundice	irritability
hip dislocation	cranial compression	fevers

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

Are you taking any form of medication that may have some bearing on your yoga practice?

If so, please state details.

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS FORM

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