



Prenatal Yoga Enrolment Form

Name:

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Address:

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Tel/Mobile:

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Email:

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Profession:

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Due Date:

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This is my (1st/ 2nd etc) pregnancy/ baby

In an emergency, please call: Tel

I have informed my Doctor/Midwife/Healthcare Practitioner of my intention to attend this class and they have deemed me suitable for this class.

Yes / No

If there is any change in my medical status, I shall inform the class teacher immediately.

Yes / No

Medical Screening -Confidential

I understand that the advice and instruction given in the class is on the basis that I am in good health except insofar as that I have listed below any medical conditions from which I currently suffer or for which I have recently undergone treatment.

Please include in the above any of the following, or any other condition which may be relevant: Arthritis, back pain, asthma, headaches, diabetes, epilepsy, heart conditions, high blood pressure, hernia, ulcers, bowel/digestive disorders, pneumothorax, pubic symphysis dysfunction, other complications of pregnancy.

Where did you hear about the class?

Signed _____

Date _____