

Feel Good Yoga for Pregnancy Registration Form

Confidential - please complete the following and return to Dimi

Please feel free to leave any questions unanswered, if you prefer. Thank you!

Date of the 1st class..... Estimated Due Date.....

Names

Address.....

Home Tel Work Tel

Mobile E-mail

Date of Birth Occupation

1st, 2nd, 3rd baby..... Ages of other children.....

Where do you plan to give birth? _____

Under whose care _____

Prenatal screening so far (e.g. AFP, amniocentesis, ultrasound, CVS etc-continue on overleaf if necessary)_____

Are you single, married or living with your partner? _____

Partner's name_____ Will your partner attend the birth?_____

Do you intend to work after the birth? Yes___ No___ Other _____

How is your general health?

pubic pain_____ varicose veins_____ back pain_____ high blood pressure_____

low blood pressure_____ low placenta_____ anxiety_____ depression_____

nausea_____ anaemic_____ heartburn_____ constipation_____ episodes of

bleeding_____ shortness of breath_____ not sleeping_____ numbness_____

leg cramps_____ haemorrhoids_____ tiredness_____

Other problems_____

GYNAE/Obstetric history miscarriages_____ terminations_____

Complications present or previous_____

Any other problems at this time (please approach Dimi prior or after the class if you wish to discuss further support)

personal_____ marital_____ family_____ family illness_____ financial_____

*I agree, for my own safety and well-being, to inform the teacher at the beginning of any class, should any changes in the above information occur, or if any medical, physical or emotional problems arise at any time _____

*I hereby acknowledge that the nature of Feel Good Yoga class I am about to undertake has been explained. Whilst I am aware that all care will be taken, I do so at my own risk_____

Signed: _____

Date: _____

The information given is **strictly private and confidential** and will NOT be passed to any third parties.