



## Prenatal Yoga Course Registration Form

Date: \_\_\_/\_\_\_/\_\_\_\_\_

|                          |  |
|--------------------------|--|
| First name               |  |
| Last name                |  |
| Contact number           |  |
| Emergency Contact name   |  |
| Emergency Contact number |  |
| Home email address       |  |

|  |  |
|--|--|
| Approximate due date   |  |
| How many weeks are you?  |  |
| Where are you having your baby?  |  |
| Have you decided on your method of birth? If so, kindly indicate (eg c-section, vaginal birth)                                       |  |
| Midwife/ Doctor's name   |  |
| Is this your first pregnancy?<br>Please indicate f 2 <sup>nd</sup> /3 <sup>rd</sup> etc  |  |
| Are you expecting twins?   |  |
| If this is not your first pregnancy, kindly indicate your method of birth for the previous pregnancies (eg c-section, vaginal birth) |  |

|   |  |
|---|--|
| Please tick the corresponding box, if you are experiencing any of the following:  |  |
| KINDLY NOTE: with conditions marked with *, it is recommended that you consult your doctor or midwife as to the appropriateness of doing yoga. For conditions marked **, exercise is contraindicated. |  |
| 1. *High or low blood pressure  |  |
| 2. *Gestational diabetes or diabetes prior to pregnancy   |  |
| 3. *Previous miscarriages or premature birth  |  |
| 4. **Incompetent cervix   |  |
| 5. **Placenta previa  |  |
| 6. Varicose veins or vulval varicosities  |  |
| 7. Haemorrhoids   |  |
| 8. Swelling in legs   |  |
| 9. *Swelling in face, arms, hands   |  |
| 10. Carpal Tunnel Syndrome (pain in wrist and hands)  |  |
| 11. *Lower back/hip pain, please specify details –  |  |
| 12. *Symphysis Pubis Dysfunction (pain in front of pubic bone)  |  |
| 13. Leg cramps  |  |

|   |
|---|
| Are you receiving treatment for any of the above conditions? (please specify) |
|   |

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|--|
| Please detail any other current discomforts or medical conditions. |
|  |

|  |   |
|--|---|
| Have you done Yoga before?                                 |   |
| What are you hoping to get out of this yoga class/ course? |   |
| How did you find out about the class?                      | Friend –<br>Facebook –<br>Website –<br>Obstetrician –<br>Internet –<br>Flier –<br>Other – |

### MEDICAL CONSENT

The exercises and stretches in the Pre-Natal class are gentle and suitable for all fitness levels. However, if you have a pre-existing problem, such as lower back pain or any medical condition, please check with your doctor/physiotherapist or other health care practitioner as to any limitations or exercises to avoid during the class. It is important to always work gently and slowly. Please read carefully the guidelines given out in class. Please let me know of any new condition/discomforts that may occur during the term.

*I am not experiencing any conditions during my pregnancy which would contra-indicate doing Pre-Natal Yoga. I accept that whilst every possible care will be taken for my well-being I am responsible for working to my own limitations to ensure that no injury occurs. I will not hold Canberra Yoga Space and it's prenatal instructor liable for any injury resulting from practice.*

Signed .....

Date .....

**Note:** If you are returning this form by email, you can sign it on arrival at the first class.