



**Pregnancy Yoga Health Questionnaire**

## Thank you for completing this questionnaire.

## All your answers will be kept in complete confidence.

**Name:**  **Date of Birth:**

**Address:** **Post Code:**

**Email:**

**Contact Number:**

**Emergency Contact Name and Number:**

***Please Note*** *- It is important that we have the number of someone to contact if you need them during class.*

Would it be ok to pass your contact number on, if someone in the class asks?

**Occupation:**

**Age group:**  17-30  31-36  36-40  40+

Have you done yoga before?

If yes, what type(s) and for how long?

**What is your Estimated Due Date?**

How many weeks pregnant are you?

What pre-natal screenings have you had? (Scans, amniocentesis etc)

**Is this your first pregnancy?**

How many children do you have?

How old are they?

Gynaecological/Obstetrics history (previous complications, miscarriages, IVF)

**Is this pregnancy classed as high risk?**

If yes, why?

Are you worried about any aspects of the pregnancy?

**Non-Pregnancy Related Health Issues**

**Please mark any which relate to you before you were pregnant.**

High /Low blood pressure  Heart disease   
 Epilepsy  Diabetes   
 Back / neck problems  Arthritis / joint problems  
 Asthma / breathing difficulties  Cancer

Eye condition / hearing problems  Emotional/psychological problems

Knee/Ankle problems  Recent fractures/broken bones/sprains  
 Recent operations  Other

Please give details of any health conditions and how they affect you now:

Please give details of any medication you take on a regular basis, **and what it is for**:

## Do you have any specific health problems related to your pregnancy?

Pelvic instability

Pain in the pubic bone

Constipation

High blood pressure

Low blood pressure

Haemorrhoids

Varicose veins

Fluid retention

Back or neck pain

Insomnia

Nausea

Anxiety

Heartburn

Cramps

Tiredness

Other

**Covid-19** – Have you suffered from any lasting effects from a Covid infection or suffered with long Covid? *(If* ***Yes****, please give details)*

Is there anything else you think we should know?

*Please feel free to write down anything as it shall stay within strict confidentiality.*

**How did you first hear about this class?**

**Declaration:**

I take full responsibility for me and my baby/ies health during the classes, including any injuries. I will inform my teacher of any medical changes.

If I feel any pain or dizziness at any time during the yoga class, I will stop the activity immediately and inform my teacher.

If I have any doubts, I will seek the advice of my medical professional before proceeding with Pregnancy classes.

I understand that my email address will be used to create my Momence account for The Rocci Tree so that I am able to receive details of class bookings, cancellations, purchase receipts and newsletters.

*Please contact us if you would like more information about how we will contact you.*

**Signed**: **Date:**