

**Parent and Baby Yoga Health Questionnaire**

## Thank you for completing this questionnaire.

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

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

**Baby/ies Name/s: Their Date of Birth:**

**Contact Number:**

**Email Address**

**Address:**

**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.*

**Previous Experience**

Have you done yoga / qi gong before?

What kind(s) of yoga / class you are familiar with:

**Non-Postnatal related Health Issues**

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  
 Recent operations Other

Please state any particular areas, either physical or emotional, that you would like to gain help with from this class.

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

## You and Your Family Life

What kind of labour did you have?

Were you considered high risk?

If so, in what way?

Do you have any other children?

How many children do you have and what are their ages?

How old is your baby at this time?

Has your baby suffered any medical complications?

Does you baby need any extra support?

Please give details of any complications or miscarriages in previous pregnancies and births:

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

Split abdominal muscles

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

Other?

Are you breast-feeding?

Have you suffered from baby blues?

**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 that your teacher should know?

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

**DECLARATION**

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

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:**