**PREGNANCY YOGA / MASSAGE FORM**

Thank you for joining our circle! Please answer the following questions as fully as possible (the form will expand as you type). All info will be kept strictly confidential. If you feel this is too much and prefer not to fill the form in, that’s fine. You can fill in just what feels right. This form helps me understand how you are, so that I can support you better along your pregnancy journey

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| --- | --- | --- | --- |
| **Name:** | | **DoB:** | |
| **Address:** | | **Occupation:** | |
| **Phone:** | | **E-mail:**  **Join mailing list? Y ⎕ N ⎕** | |
| **Emergency name and contact:** | | | |
| **Where did you hear about this class:** | | | |
| **Date of joining class and gestation:** | | **Due date:** | |
| **Planned place of birth:** | | **Previous pregnancies and birth outcomes:** | |
| **GP practice:** | | **Health issues or regular medication:** | |
| **Any pregnancy related issues so far (please highlight):** | | | |
| Morning sickness | Headaches | Dizziness | Constipation |
| Heartburn | Breathlessness | Anaemia | Diabetes |
| Lower back pain | Sciatica | Pelvic girdle pain | Varicose veins |
| Swelling/oedema | High blood pressure | Low blood pressure | Fibroids |
| Sleep problems | Emotional disturbances | |  |
| **Anything else you would like to add:** | | | |
| **Previous yoga experience:** | | | |
| **Any hopes or expectations from our class sessions:** | | | |

**~ Thank you so much for taking the time to complete this form ~**

Signature..................................................................................................Date........................................................