



The School of
COMPLETE YOGA

Mother and Baby Yoga Health Form

Dear Student:

Congratulations on becoming a mother and receiving such a beautiful gift – your baby!

Please complete this form so we may review it prior to your first Yoga class. It will allow us to properly assess your needs, and those of the baby. If you have any questions, please feel free to ask. We are happy to serve you.

Is this your first Yoga class? _____

If not, please explain: _____

General Health Information for Mothers: Do you have any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Ailments of Lungs (What type?) |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Stress | <input type="checkbox"/> Arthritis (Where?) |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Back pain <u>lower, middle, upper?</u> |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pain or Discomfort in any part
of your body. |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Anxiety | If yes where? _____ |
| <input type="checkbox"/> Fibromyalgia | | Other _____ |

Explanation of any sensitivities, disorders, particularly from your recent birth _____

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Are you presently taking medication? If so, what is the name of the medication? Do you experience any side effects?

Please consult your Doctor before starting Yoga if you have undergone any form of surgery or are under heavy medication.

Other necessary information in regards to your health, and the health of your baby please explain:

Was your delivery vaginal or by c-section? _____

Were there any difficulties for the baby during the birthing process?

Does your child have any digestive or respiratory sensitivities. Please explain.

I, _____, hereby release "The School of Complete Yoga" and all Instructors and Teachers (of "The School of Complete Yoga") of all liability and responsibilities pertaining to Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: _____

Name: _____

Dated: _____

Address: _____

Class: _____

Phone: _____

Instructor: _____

Would you like to be on our mailing list? Yes/No

Thank you!

There are no changes to the information stated on this form OR if there are health changes, they are noted below. I will also notify the School of Complete Yoga of any changes to this information if they should occur during the session.

HEALTH UPDATES:

SIGNED

DATE

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HEALTH UPDATES:

SIGNED

DATE