



# EB Yoga

## Health Questionnaire/Consent and Waiver Form

Date of first class: ...../...../.....

Name: ..... Surname: .....

Date Of Birth: ...../...../..... Age:.....

Address: .....

Post Code: ..... Phone Number: .....

Email Address: .....

Occupation: .....

Emergency Contact Name: ..... Relationship: .....

Emergency Contact Phone Number: .....

How did you find me? .....

### Baby's Details

Baby's Name/s: ..... Baby's Birthday: ...../...../.....

At what week gestation was your baby born: .....

Ages of your other children if any: .....

Was your baby born via: Vaginal Birth Caesarean Birth Any stitches required following tearing: .....

How would you describe your birth?

.....  
.....

Since the birth of this baby have you experienced any of the following? (Please circle all that apply)

- |                      |  |                       |
|----------------------|--|-----------------------|
| sacro iliac pain     | back pains                             | sciatica              |
| high blood pressure  | anaemia                                | prolonged bleeding    |
| depression           | anxiety                                | exhaustion            |
| unexplained bleeding | diastasis recti (abdominal separation) | postpartum depression |
| blood clots          | faintness/dizziness                    |                       |

Anything else I should know: .....

Since birth, has your baby experienced any of the following? (Please circle all that apply)

- |                 |                     |              |
|-----------------|---------------------|--------------|
| colic           | jaundice            | irritability |
| hip dislocation | cranial compression | fevers       |

How would you describe your postpartum recovery? List any medical problems not covered above:

.....  
.....

Have you been cleared by your healthcare provider to return to physical activity? Yes No

**Did your child encounter any medical problems during your pregnancy or since birth?**      Yes      No

If yes, please explain:

.....  
.....

**Have you practiced yoga before?:**      Yes      No      **If so, how long:** .....      **What style?:** .....

**Why do you want to do mummy and baby yoga and what do you hope to gain from it?** (Please circle)

Interested in the breathing aspect      Strengthening muscles & toning      Relieving various aches and pains

Time to bond with your baby      Making friends with other mothers      Relaxation

Anything else: .....

**On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?** .....

**Do you have any past injuries or surgeries that I should know about?**

.....  
.....

**Do you have any physical limitations or chronic pain that I should know about?**

.....  
.....

**Are you experiencing any stress or tension in the body that you would like to relieve with your yoga practice?**

.....  
.....

**RELEASE AND WAIVER**

**Please read carefully before signing.**

As a student of EB Yoga prenatal yoga class: 1. I fully understand and acknowledge that the recommendations, ideas, techniques expressed and described in these mum and baby yoga classes cannot be regarded as substitute for the advice of a qualified medical practitioners. 2. Any uses to which the recommendations, ideas techniques are put are at my sole discretion and risk. 3. I will give my highest attention to the well being of myself, and my child. 4. I will work with patience and an open mind in the self-discovery process. 5. I understand that there is a risk of injury associated with yoga as with any physical activity post pregnancy. 6. I understand that if I move with care, intelligence, courage, applied safety and self awareness, then injury is unlikely. Should injury occur or complications arise, EB Yoga, their room facility, substitute teachers, employees and affiliates are absolved of all responsibility. 7. I am fully responsible for the outcome of my baby and my yoga practice and my participation in this class. 8. I have consulted my midwife or healthcare provider relative to my participation in EB Yoga, and have been informed of by him/her as to the risks, if any I may encounter by my baby's participation and my participation, and have obtained his/her permission to participate in the program. 9. I understand that I should report any problems with my pregnancy to my healthcare provider. 10. I will keep my yoga teacher informed with any changes in my baby's physical health and my physical health. 11. As far as I am aware I have disclosed to EB Yoga all information regarding my health relevant to the practice of yoga for post pregnancy. 12. I agree that EB Yoga is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring to any classes held in any location.

**I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue.**

*Data privacy – by signing this form you agree to your personal details being held for the purpose of taking part in EB Yoga classes and being contacted by EB Yoga. The information will not be shared with anyone else, and will only be used for the purposes stated. You can cancel EB Yoga membership at any time. Your personal details are safe with EB Yoga – the EB Yoga data privacy policy can be had upon request.*

**Signature** \_\_\_\_\_

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

**ALL INFORMATION IS STRICTLY CONFIDENTIAL. THANK YOU FOR FILLING THIS FORM.**