



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:

Physician/Midwife: **Physician's Phone:**

Baby's Birth Place:

How did you find me?

Pregnancy Details

Estimated Due Date:/...../..... **No. Of Weeks Pregnant:**

Pregnant With Twins/multiples: **First Pregnancy:** Yes No

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

Why do you want to do pregnancy 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

Quiet 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?

.....
.....

During this pregnancy have you experienced any of the following? (please circle)

Morning Sickness Headache Diabetes Constipation Heartburn Aching Joints Nosebleeds
Low back or Sciatic Pain Asthma Oedema (swollen Joints) Sleep disturbances Varicose Veins Pre- eclampsia
Anemia High Blood Pressure Low blood pressure Vaginal bleeding during pregnancy Anxiety Piles
Depression Dizziness Cramps Breathlessness Joint Problems Abdominal Weakness Hemorrhoids Placenta
Previa (marginal or complete) Carpal tunnel Stiff neck and shoulders Pubic pain/ girdle pain Water retention
Rheumatoid Arthritis or Osteoarthritis where:

Do you have any high risk factors associated with this pregnancy?

.....
.....

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?

.....
.....

Have you experienced medical problems with this or past pregnancies/births? - briefly explain:

.....
.....

Information on anything you are concerned about or interested in:

.....
.....

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 prenatal 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 unborn 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 in 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 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 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 pregnancy or 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 during my 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.