



BELLIES & BUBS YOGA & MASSAGE

YOGA FOR PREGNANCY, BIRTH, BABIES & BEYOND

Name: _____

Address: _____

Phone: _____ (h) _____ (w) _____ (m) Email _____

Occupation: _____ D.O.B. _____ Health Fund? _____

How many weeks pregnant are you?: _____

Who is your Midwife/Obstetrician/Doula/Caregiver?: _____

Do you have any of the following health issues? (Please check the circles)

- | | |
|--|--|
| <input type="radio"/> Varicosities (legs), Vagina (vulva) or anus (haemorrhoids) | <input type="radio"/> Back - Disc problems, scoliosis, spondylosis, spondylolithesis |
| <input type="radio"/> Oedema (fluid retention) - mild/severe | <input type="radio"/> Hip, groin or sciatic pain |
| <input type="radio"/> 33+ weeks pregnant and baby is breech or posterior | <input type="radio"/> High/Low Blood Pressure |
| <input type="radio"/> Symphysis Pubis Diastasis (abnormal separation of pubic bones) | <input type="radio"/> Dizziness/Vertigo |
| <input type="radio"/> Rectus Diastasis (abnormal separation of abdominal muscles) | <input type="radio"/> Thyroid - Underactive/Overactive |
| <input type="radio"/> Headaches | <input type="radio"/> Pregnancy Induced Diabetes - if yes - insulin/diet managed |
| | <input type="radio"/> Pregnancy Induced Hypertension |
| | <input type="radio"/> Anaemia |

What do you hope to gain from your Yoga Class? (Please check the circles)

- | | |
|-----------------------------------|---|
| <input type="radio"/> Strength | <input type="radio"/> Breath Awareness |
| <input type="radio"/> Flexibility | <input type="radio"/> Pelvic Floor |
| <input type="radio"/> Relaxation | <input type="radio"/> Active Birth Philosophies |

How did you hear about us? (Please check the circles)

- | | |
|------------------------------------|--|
| <input type="radio"/> Yellow Pages | <input type="radio"/> Friend |
| <input type="radio"/> Brochure | <input type="radio"/> Other Practitioner |
| <input type="radio"/> Internet | <input type="radio"/> Newspaper |

PLEASE READ CAREFULLY

Your teacher should be informed before class of any recent injury or illness. Yoga is safe and beneficial for mother and baby, when practiced CONSCIENTIOUSLY and CONSCIOUSLY. Every possible care will be taken by your teacher to ensure your wellbeing and safety, but she cannot be responsible for improper practice at any time. As a student of Yoga, it is important that you realize your responsibility to yourself, by being aware of your personal limitations, therefore it is necessary to sign the following:

AGREEMENT

I understand that the instructions given throughout the classes are intended only as guidance. It is therefore my own responsibility to adjust my practice according to my limitations to ensure that no personal injury occurs. I hereby declare that I take full responsibility for myself during the classes. I also understand the importance of correct guidance and undertake not to pass on, nor teach any of the Yoga and other techniques taught in class, other than for my own individual home practice, without the full understanding of the proper use of Yoga.

Signed: _____

Dated: _____