

## MAMASTE MUM AND BABY YOGA QUESTIONNAIRE

Please answer all questions, sign and date the form and return to me prior to or at the beginning of your first class. Please give any information that might be valuable to me in planning your yoga class and keeping you safe in your practice. You can view our full Privacy Policy at [www.1yoga.co.uk](http://www.1yoga.co.uk) for information on how your information will be used & stored.

### Contact details:

Name:

Address:

Email:

Mobile number:

Home phone number:

### About your baby:

Baby's name:

Date of birth:

Delivery (vaginal or C-section):

Interventions:

Complications (in pregnancy or labour):

Does baby have any medical conditions? (please give details):

Ages of any previous children:

### Do you have or have you ever experienced any of the following?

High / low blood pressure  YES  NO

Backache or pain  YES  NO

Headaches, dizziness or fainting  YES  NO

Breathlessness  YES  NO

Diabetes  YES  NO

Oedema  YES  NO

Allergies  YES  NO

Mental health issues  YES  NO

Do you take any regular medication?  YES  NO

Details:

Have you had any significant medical conditions, injuries or operations (including C-sections)?  YES  NO

Details:

Have you ever practised yoga before?

Details:

### Personal declaration

***I declare that the above information is correct. I take responsibility to provide One Yoga with any further information that may affect my practice or of any changes to the above. I accept full liability for my own safety and that of my baby within my yoga practice.***

- I confirm that I have been made aware of One Yoga's privacy policy and know how to access this
- I consent to being contacted via mail / email / SMS / social media **[please circle]** regarding promotions and events directly related to One Yoga
- I consent to photos of me taken during class to be used on One Yoga's official social media sites and website

Print name:

Signature:

Date: