

Active Birth & Yoga

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Registration Form

N.B: THE INFORMATION ON THIS FORM IS CONFIDENTIAL, AND FOR MY OWN RECORDS.

(Please complete all the relevant boxes sign and print)

Name:	
Address:	
Postcode:	Email address:
Telephone no:	Mobile no:
Estimated due date: / /	Your age:
Your profession:	
First class attended:	
Would you like your telephone number and email details to appear on the class contact list? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st , 2 nd , 3 rd baby?	Ages of children:
Are you living with a partner? Y/N	
Partner's name:	
Different birth partner? Y/N	
Where do you plan to give birth?	
Who is/are your pregnancy carer/s:	
GP's name:	
Antenatal screening so far (Ultrasound, CVS, amniocentesis etc):	
How is your general health?	
Any problems during this pregnancy so far: (please tick below) Pubic pain <input type="checkbox"/> varicose veins <input type="checkbox"/> haemorrhoids <input type="checkbox"/> back pain <input type="checkbox"/> high blood pressure <input type="checkbox"/> Low blood pressure <input type="checkbox"/> bleeding/spotting <input type="checkbox"/> low placenta <input type="checkbox"/> anaemia <input type="checkbox"/>	
Other problems/complications:	
Any previous accidents/operations/injuries:	
Any other problems at this time (e.g. Family, personal, financial)	
How did you find out about these classes?	
<u>I agree, for my own safety and wellbeing, to inform the teacher at the beginning of any class, should any changes in the above information occur, or if any medical, physical or emotional problem arise at any time during my active birth & yoga preparation.</u>	
Signed:	Date: / /
Print name:	
For record use only:	
Baby:	DOB: / /
Birth:	