

# REBECCA JAMES BABY YOGA

Name: .....

Address: .....

.....

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Email: .....

Mobile:.....

Date of birth: .....

Baby's name: .....

Date of birth: .....

Weight at birth: .....

Doctor's name: .....

Doctor's address: .....

.....

Phone: .....

Please list briefly any medical problems you had during pregnancy (include high blood pressure, back pain etc)

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.....

Please write a short description of your labour (include pain relief used, medical intervention etc).

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Are you or your baby presently on any medication (please give details)?

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Did your baby require any special care (please give details)?

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.....

Does your baby have any medical condition I should be aware of? .....

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Do you feel you have suffered depression since the birth of your baby? .....

Is there any further information you would like to make me aware of? .....

.....  
.....

I take full responsibility over the health of my baby & myself in the yoga sessions and should there be any medical change I will consult my yoga teacher.

Signed ..... Date .....

[WWW.REBECCAJAMESYOGA.CO.UK](http://WWW.REBECCAJAMESYOGA.CO.UK)

[WWW.BIRTHLIGHT.CO.UK](http://WWW.BIRTHLIGHT.CO.UK)

Please return to: Rebecca James Yoga, Laurel Cottage, Lower Wield, Hants. SO24 9RX