

REBECCA JAMES PREGNANCY YOGA

Name:.....

Address:.....
.....
.....

Email:.....

Mobile:.....

Date of birth:.....

Doctor's name:.....

Doctor's address:.....
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Phone:

Midwife's Name:.....

Midwife's Phone Number:.....

How many weeks pregnant are you:.....

Where are you planning to give birth:.....

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

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Do you currently have any medical conditions I should be aware of?

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

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I take full responsibility over my health in the yoga sessions and should there be any medical change I will inform my yoga teacher.

Signed Date.....

Return to : Laurel Cottage, Lower Wield, Hants. SO24 9RX