



Short Postnatal Yoga Medical Form

Name:

Date of Birth:

Address:

Baby's name:

Date of Birth:

Weight at Birth:

Doctor's name:

Doctor's address:

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

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

Please give details of any medication you or your baby are presently on.

Please give details of any special care your baby needed/needs.

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

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: