



**POSTNATAL YOGA - STUDENT INFORMATION**

NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I WOULD LIKE TO RECEIVE THE OCCASIONAL NEWSLETTER AND CLASS UPDATES BY EMAIL /  
TEXT. (PLEASE CIRCLE) YES / NO

**MEDICAL HISTORY**

HAVE YOU HAD ANY MAJOR SURGERY? IF SO, WHAT AND WHEN? \_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE DETAILS OF ANY INJURIES, FRACTURES, DISLOCATIONS AND HOW LONG AGO

\_\_\_\_\_

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)

HIGH/LOW BLOOD / PRESSURE / HEART PROBLEMS / ASTHMA / ARTHRITIS / CARPAL TUNNEL

/ NECK PROBLEMS / BACK PROBLEMS / ABDOMINAL SEPARATION / PELVIC FLOOR

WEAKNESS / OTHER

(PLEASE SPECIFY) \_\_\_\_\_

\_\_\_\_\_



**ABOUT YOUR PREGNANCY / DELIVERY**

HOW MANY WEEKS POSTPARTUM ARE YOU? \_\_\_\_\_

WAS THIS YOUR FIRST PREGNANCY? \_\_\_\_\_

PLEASE SHARE YOUR BABIES NAME AND GENDER \_\_\_\_\_

BIRTH DETAILS (PLEASE CIRCLE)    VAGINAL / C-SECTION    EARLY / LATE / PREMATURE

DID YOU EXPERIENCE ANY COMPLICATIONS PRE / POST DELIVERY? \_\_\_\_\_

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**YOGA EXPERIENCE**

HAVE YOU DONE YOGA BEFORE? IF SO, FOR HOW LONG AND WHERE / WHAT KIND?

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WHAT IS IT YOU WOULD LIKE TO GET OUT OF YOGA? RELAXATION / STRESS MANAGEMENT

FLEXIBILITY / STRENGTH / PAIN RELIEF / OTHER \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THESE CLASSES? \_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_ UNDERSTAND THAT THE INSTRUCTIONS  
GIVEN THROUGH OUT CLASS ARE INTENDED ONLY AS A GUIDANCE. IT IS THEREFORE MY  
RESPONSIBILITY TO,

1. ADJUST MY PRACTICE ACCORDING TO MY LIMITATIONS TO ENSURE NO PERSONAL  
INJURY OCCURS.

2. INFORM THE TEACHER BEFORE THE CLASS OF ANY RECENT CHANGE TO MY PHYSICAL  
CONDITION.

I HEREBY DECLARE THAT I RELEASE **THE GLO PROJECT** OF ANY RESPONSIBILITY FOR ANY  
INJURY SUSTAINED AND THAT I WILL TAKE FULL RESPONSIBILITY OF MYSELF DURING THE  
YOGA CLASS.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

(OFFICE USE ONLY)