

# pre & postnatal yoga

With Amanda Buchanan



Name: \_\_\_\_\_

Age: \_\_\_\_\_

Do you suffer from any of the following health related problems?

Problems	Yes	No	Problems	Yes	No
Vision			Heart Burn		
Hearing			Ulcer		
Balance/Dizziness			Nausea/Vomiting		
Headaches			Diabetes Gestational or Type I or II		
Seizures			Bladder Infections		
Asthma			Muscle Problems		
Sinusitis			Joint Problems		
Heart			Arthritis		
Hypertension			Other		

Do you have any other health concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ If yes, how far along are you and when is your due date? \_\_\_\_\_

Do you have a birth plan? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently trying to become pregnant? \_\_\_\_\_

Are you experiencing conception difficulties? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other children? \_\_\_\_\_ If yes, how many and what are their names/ages? \_\_\_\_\_  
\_\_\_\_\_

Do you plan on bringing your baby to class with you? \_\_\_\_\_  
If so, what is their name/age? \_\_\_\_\_

Are there any issues/concerns that you would like to touch on in this six-week series?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_