



Sheffield
Satyananda Yoga School

Yoga for Pregnancy Health Questionnaire

To enable you to get the maximum benefit from our classes, please complete the following questionnaire.

| | | | |
|---------------------------|--|------|--|
| Name | | Date | |
| Address | | | |
| Telephone number | | | |
| Email Address | | | |
| | | | |
| Due date | | | |
| Age of any other children | | | |
| Occupation | | | |

1. *Are you having or have you had any problems with your pregnancy?*

2. *Have you been to yoga classes before?*

If so, when, where, for how long?

3. *Do you have any back problems? Or a history of back problems?*
e.g. lower back ache, slipped disc, sciatica, sacro iliac problems

4. *Do you have any ongoing health problems?*
e.g. high blood pressure, asthma, arthritis, heart problems, glaucoma, knee problems.

5. *Please write down any other comments / information that may be relevant.*

All information is held in the strictest confidence.

Please inform the instructor of any relevant changes in your medical condition that arise during the course.

Please feel welcome to ask questions or give feedback on any issues relating to the class.

If you need more space to write, please use the back of this sheet.