



Pre-Natal Booking Form

Confident- For my records only
(Please feel free to leave any questions unanswered if you prefer)

Date of First Class _____

Name _____ Estimated Due Date _____

Address _____

Home Tel _____ Email _____

Mobile _____ Work/OtherTel _____
(Please star which form of contact is best in case of cancellation etc)

D.O.B _____ 1st, 2nd, 3rd, 4th Baby? _____ Ages of other children _____

What is your profession? _____

Where do you plan to give birth? _____ Under whose care? _____

Prenatal Screening so far? (e.g ultrasound, amniocentesis etc) _____

Are you single? Married? Living with partner? _____

Partner's name _____

Will your partner attend the birth? _____ Will anyone else attend the birth? _____

How is your general health? _____

Any problems? Pubic pain ___ Varicose veins ___ Back pain ___ Nausea ___ tiredness ___
anxiety ___ depression ___ high blood pressure ___ low blood pressure ___ low placenta ___
anaemic ___ episodes of bleeding ___ constipation ___ heartburn ___ not sleeping ___
numbness ___ shortness of breath ___ cramps ___ haemorrhoids ___

Any other problems (including past injuries) or details of the above? _____

Gynae/Obstetric History _____ Miscarriages ___ Terminations ___ Complications present/previous _____
Operations _____

How did you find out about these classes? _____

**I AGREE FOR MY OWN SAFETY TO INFORM THE TEACHER AT THE BEGINNING OF ANY CLASS
SHOULD CHANGES IN THE ABOVE OCCUR AND ACCEPT THAT I UNDERTAKE YOGA AND BIRTH
PREPARATION AT MY OWN RISK**

Signed _____ Date _____