WELL WOMAN YOGA MEDICAL FORM

Thiis form is being completed with the aim to help you in a personalized way with yoga therapy and to improve the effectiveness of Birthlight Well Woman Yoga teaching. Your information is important and we wish to reassure you that it will be kept strictly confidential. Birthlight is registered with the Data Protection Act. Please use extra sheets of paper if you need to.

Name: ______________________ Date: ______________________

DoB: ______________________ ______________________

Address: ____

Postcode: ______________________

Occupation: ______________________________

Tel: Home: ______________________ Mobile: ______________________

Email: ______________________

Ethnic Group: ______________________

1. Have you experienced any of the following: Please tick and give numbers and year(s)

□ Pregnancies ____	□ Abortions ____	□ Miscarriages ____	□ Births ______
□ Vaginal delivery ____	□ Episiotomy ____	□ Ventouse ____	□ Forceps ______
□ c-section ____	□ Stillbirth ____	□ Cotdeath ____	□ Other ______

If you are a mother please give ages and gender of your children ______________________________

2, **Have you suffered any injury or had surgery** (e.g. caesarean section, knee surgery). If so please give details:

____

____

3. Did you experience any medical problems related to your menstrual cycle? Y / N If yes, please give details:

□ Pre-menstrual tension

□ Endometriosis

□ Polycystic ovarian syndrome

□ Cervical dysplasia

□ Ovarian cysts

□ Breast cancer

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4. Did you need to seek treatment or take medication for any of the following conditions:
Y / N If yes, please give details:

Anxiety/panic attacks

Depression

Extreme Fatigue

ME

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MS

Auto-immune disorders

5.Have you practiced yoga before ? Y / N If yes, how frequently and for how long?

6.Have you used any complementary therapies? Y / N If yes, please give details:

7.Do you currently do any form of exercise? Y / N When / where / what type?

8. Are you currently in pain?
if so, can you describe how you experience pain: where in your body, when, is the pain acute or dull?

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9. How would you rate your pelvic floor tone?
very strong,
average,
weak,
very weak

10 Any other information you think might be relevant to disclose to your WellWoman Yoga teacher?

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11 Is there any type of support that has been particularly helpful to you so far ?

12.What are your thoughts / feelings about WellWoman Yoga?

13.What is your main objective to achieve with your WellWoman classes or individual sessions?

14.Are you taking any form of medication? Y / N If yes, please give details:

Thank you for completing this form.

Birthlight www.birthlight.com enquiries@birthlight.com

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