



FERTILITY YOGA ENROLMENT FORM

This form is being completed with the aim to help you in a personalized way and to improve the effectiveness of Birthlight Fertility Yoga teaching. Your information is important. 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 wish to tell us more about your medical history and life journey.

Name:		Date:	
Address:			
Date of birth:		Occupation:	
Mobile number:		Email:	

1. How long have you been trying to conceive? Please tick and give number of years.

less than one year

one to 3 years

more than 3 years

2. If you are a mother and you are affected by secondary infertility please give age(s) and gender of your child(ren)

3. Have you experienced loss in early stages of pregnancy? If so, please give details

4. Have you experienced pregnancy loss later than 4 weeks after conception? Once? More than once?

5. Are you experiencing any medical problems related to your menstrual cycle? Yes / No

If yes, please give details

Pre-menstrual
tension

Endometriosis

Cervical
dysplasia

Polycystic ovarian
syndrome

Ovarian
cysts

Ectopic
pregnancy

If so, has any of these conditions been diagnosed as compromising your ability to conceive?

6. Have you ever needed to seek treatment or take medication for any of the following conditions? Yes / No

If yes, please give details:

Anxiety/panic attacks

Depression

Extreme Fatigue

ME

MS

7. Are you taking any form of medication? Yes / No If yes, please give details

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?

9. Have you practiced yoga before? Yes / No If yes, how frequently and for how long?

10. Do you currently do any form of exercise? Yes / No If yes, please give details - when / where / what

11. Have you used any complementary therapies in your fertility journey? Yes / No If yes, please give details

12. How would you rate your pelvic floor tone? (please tick one of the following)

Very strong

Average

Weak

Very weak

13. Any other information you think might be relevant to disclose to your Fertility Yoga teacher?

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

15. What is your main objective to achieve with your Birthlight Fertility Yoga classes or individual sessions?

I understand that I am responsible for the way I use practices taught in Birthlight Fertility Yoga classes and/or sessions without the supervision of my yoga teacher/therapist.

I will inform my yoga teacher/therapist about recommendations from my care team about yoga practice when undergoing Fertility Treatment.

Signature:

Date:

Thank you so much for completing this enrolment form and very best wishes with your practice of Fertility Yoga

Birthlight
www.birthlight.com