



Medical Questionnaire

Name:

Address:

.....

Date of birth:

Baby's name: Date of birth: Weight at birth:

Doctor's name: Phone:

Doctor's address:

Please list briefly any medical problems you had during pregnancy - *include high blood pressure, back pain, etc.*

Please write a short description of your labour - *include pain relief used, medical intervention, etc.*

Please give details of any medication you or your baby are presently on.

Please give details of any special care your baby needed/needs.

Does your baby have any medical condition I should be aware of?

Do you feel you have suffered depression since the birth of your baby?

Is there any further information you would like to make me aware of?

I take full responsibility over the health of my baby & myself in the yoga sessions and should there be any medical change I will consult my yoga teacher.

Signed

Date