Pre-natal yoga 

Name: Date of birth:

Address: Occupation:

Mobile No: Midwife/GP:

E-mail address:

How many weeks pregnant are you?

When is your baby due?

Do you have any other children? Ages?

Do you have any past or present injuries or problems during this pregnancy?

Please state here any relevant details of previous pregnancies or births?

Please state here if there are any specific topics you would like the class to cover.

Where did you hear about the pre-natal class?

\*\*\*\*\*Information provided is confidential. It will never be shared with a third party. All personal information is held securely. Kaliyoga will share any information provided by the individual, solely with said individual. Information will be deleted upon request, or on expiry of participation. Please omit any questions you would prefer not to answer\*\*\*\*\*\*

I agree to my information being stored as per above statement 

I do not agree to my information being stored as per above statement

I am/am not happy for my mobile number to be added to a whatsapp group for purposes of updates whilst I attend the class (please delete appropriately).

I agree to inform the teacher of any relevant details and changes to the above at the beginning of each class.

Signed ……………………………………………………………… Date ………………………………