



Health & Medical Questionnaire – Postnatal Yoga with Baby

Name of Mother Mother's D.O.B.

Name of Baby Baby's D.O.B.

Email Address:

Phone Number:

Date of Postpartum health check with your doctor.....

Comments/questions

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Dates of Postnatal Yoga Course with Maxine

Birth experiences

1. length of labour in total?

2. length of first stage of labour?

3. length of second stage of labour?

4. was labour self starting/induced, accelerated?

5. nature of delivery - vaginal/ ventouse forceps/ caesarean?

6. delivery environment - hospital/ home/ water birth/ other?

7. any drugs administered during labour: gas and air/ pethidine/ epidural/ other?

8. any damage to perineum suffered?.....

9. any stitches required following tearing/ episiotomy?

10. any postpartum hemorrhage?

11. was your baby: full term/ premature/ 'overdue'

12. at what stage was the umbilical cord cut?.....

13. weight of baby at birth?

14. stage of health of baby at and immediately after birth?

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Mother postnatally

15. Since the birth of this baby have you experienced any of the following?
(Please tick as necessary and give details below or overleaf if you feel you need to)

- sacro iliac pain exhaustion (a favourite choice!) back pain
- anxiety stiff neck / shoulders mastitis
- piles high blood pressure prolonged bleeding
- anaemia depression joint pain
- sciatica any other symptoms

details/other:
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Baby postnatally

16. Since birth, has your baby experienced any of the following?
(Please tick as necessary and give details below or overleaf if you feel you need to)

- colic jaundice irritability hip dislocation
- cranial compression fevers respiratory problems any other symptoms

details/other:
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17. Prior to this birth have you suffered any injury or undergone any surgery that may have some bearing on your yoga practice

18. .Prior to this birth, have you had any miscarriages/ still births please give year/s.....

19. ...Are you taking any forms of medication that may have some bearing on your yoga practice? If so, please give details.....

20. .Please add any other comments about you or your baby and say what you would most like to gain from the course

Signed Date: