



*The School of*  
**ROYAL YOGA, Inc.**

## **Prenatal Yoga Health Form**

Dear Student:

Congratulations to you on a most beautiful and healthy pregnancy! This is a precious time where love, gentleness and paying special attention to your whole being is needed.

Please complete this form so we are able to assist you throughout each stage of your pregnancy.

Due Date: \_\_\_\_\_ Is this your first pregnancy? \_\_\_\_\_  
Other children? \_\_\_\_\_

General Health Information: Do you have any of the following conditions?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Morning Sickness                              | <input type="checkbox"/> Hemorrhoids                           |
| <input type="checkbox"/> Heartburn                                      | <input type="checkbox"/> Carpel Tunnel Syndrome                        | <input type="checkbox"/> Varicose Veins                        |
| <input type="checkbox"/> Sciatica                                       | <input type="checkbox"/> Headaches                                     | <input type="checkbox"/> Back pain <u>lower, middle, upper</u> |
| <input type="checkbox"/> Pain or Discomfort in<br>any part of your body | <input type="checkbox"/> Delicateness of spine,<br>discs, or vertebrae | <input type="checkbox"/> Congestion or Sinus Problems          |
|   |  | <input type="checkbox"/> Other _____                           |

Explanation (example for pain, headaches, spine) \_\_\_\_\_  
\_\_\_\_\_

Any accidents or injuries? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please consult your Doctor before starting Yoga. If this has already been done, please explain:  
\_\_\_\_\_

Other necessary information in regards to your health, please explain: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby release The School of Royal Yoga and all Instructors and Teachers (of The School of Royal Yoga) of all liability and responsibilities pertaining to PRENATAL Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: _____	Name: _____
Dated: _____	Address: _____
Class: _____	_____
Instructor: _____	Phone: _____
	Email: _____

An expectant Mother who, of their own choice, attends a Yoga class other than PRENATAL class, hereby takes full responsibility and liability of being in that chosen class where the instructor is not subject to change the structure of the class to suit prenatal requirements. Please sign and date below if you have chosen to take a class other than PRENATAL Yoga.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Would you like to be on our mailing list? Yes/No email**  
*Thank you!*

There are no changes to the information stated on this form OR if there are health changes, they are noted below. I will also notify The School of Royal Yoga of any changes to this information if they should occur during the session.

HEALTH UPDATES:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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HEALTH UPDATES:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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HEALTH UPDATES:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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HEALTH UPDATES:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_