

Prenatal Yoga Participant's Medical History

About You

Name _____ DOB _____
Occupation _____ Place of Work _____
Work Phone _____ Email _____

About Care Providers

Primary Provider _____
Type of Practice (Private, Group, HMO) _____ Phone _____
Other Health Care Providers You See _____

Health History

General Health _____
Pregnancy Health _____
Special Concerns _____
Exercise/Frequency _____

Medical History Check any applicable:

Anemia Asthma Anorexia/Bulimia Bladder/Kidney Infections
 Bleeding Disorders Diabetes Epilepsy Fibroids Heart Disease
 Hypoglycemia Hyper/Hypotension Thyroid Disorders Varicosities

Check any that apply:

Acid Indigestion Anxiety Carpal Tunnel Syndrome Bowel Problems
 Fatigue Hemorrhoids Incontinence Lack of Sleep Muscle Cramps
 Nausea/Vomiting Shortness of Breath Swelling/Edema

I _____ (participant's printed name) do hereby acknowledge that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Healthy women with uncomplicated pregnancies can and should integrate physical activity into their daily living and can participate without significant risks to themselves or their unborn child. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy induced hypertension. The safety of any prenatal exercise depends on an adequate level of maternal-fetal physiological reserve. Before consenting to prenatal yoga, it is imperative to consult with your healthcare physician and obtain a physician's consent form.