

5 Koshas LLC Health Information Form – PRENATAL YOGA

Office Use
Only
___ In CC
___ Scanned

Name: _____ Mobile Phone #: _____

Home Address: _____

E-mail: _____ Class Location/Time: _____

Emergency Contact and Phone #: _____

Discounts: Healthcare School/Government Military

Are you new to 5 Koshas Yoga and Wellness? Yes or No

Today's Date: _____ Due Date: _____ # of wks Pregnant Today: _____

of Pregnancies (inc this one): _____ # Deliveries: _____ Previous Cesarean: Yes No

Do you have children? Yes No If so, what age(s)? _____

Practiced yoga before? Yes No Is yes, how long? _____ What style? _____

Do any of the following conditions apply to you? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> History of Depression or Postpartum Depression |
| <input type="checkbox"/> Elevated Blood Pressure | <input type="checkbox"/> Placenta Previa |
| <input type="checkbox"/> Vaginal bleeding during pregnancy | <input type="checkbox"/> Low back or Sciatic Pain |
| <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Limb numbness upon waking or carpal tunnel |
| <input type="checkbox"/> Previous Premature Labor | <input type="checkbox"/> Tension headaches or migraines |
| <input type="checkbox"/> Carrying Twins or Multiples | <input type="checkbox"/> Heartburn/reflux |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Abdominal Weakness | <input type="checkbox"/> High stress or anxiety or panic attacks |
| <input type="checkbox"/> Diabetes or Gestational Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sleep issues: please explain: _____ | |
| <input type="checkbox"/> Hemorrhoids | |
| <input type="checkbox"/> Incompetent Cervix | |

Please provide any information about movement restrictions, other medical conditions, pain or injuries:

Please list any medications that you are currently taking:

What do you do for your work? Do you get any tension or pain in your body from work activities?

What are your hobbies and what do you do to stay active? Do any of these activities create any tension or pain in your body?

OVER

What benefit would you like to gain from this yoga class?

How did you hear about our Classes?

Please Check Interests for You or Your Family:

- Acupuncture/Oriental Medicine
- Belly Dancing
- Chair Yoga
- Chant / Kirtan
- Family Yoga
- Fitness-Oriented Yoga
- Kali Martial Arts
- Massage
- Meditation
- Men's Yoga
- Nutrition
- Outdoor Yoga
- Pilates
- Postnatal Yoga
- Senior Yoga
- Tai Chi
- Therapeutic Yoga
- Toddler Yoga
- Stress Relief Yoga
- Workshops & Retreats
- Yoga for Wellness
- Yoga Teacher Training

Use "Save As" function to save the form (important!). Add your name to the file name and send a copy to office@5koshasyoga.com and Renee Peterson (your prenatal yoga teacher) at reeneepeterson2121@gmail.com. Thank you!