



MZONE DANCE STUDIO

(from 15 weeks to birth)

Information will be treated in the strictest confidence

Name: _____
Address: _____
Telephone: _____
Email address: _____
Occupation: _____
Date of Birth: _____
Date and time of first Yoga Class: _____
Due date and planned place of birth _____
Doctor: _____ Telephone _____
Consultant: _____ Telephone _____

Have you studied Yoga before? _____

During this Pregnancy have you experienced any of the following? Please tick those that have affected you.

- | | | |
|--|---|---|
| <input type="radio"/> Morning sickness | <input type="radio"/> Lower back pain | <input type="radio"/> Low blood pressure |
| <input type="radio"/> Headaches | <input type="radio"/> Sciatica | <input type="radio"/> Sleep disturbances |
| <input type="radio"/> Dizziness | <input type="radio"/> Aching groins | <input type="radio"/> Pain from fibroids |
| <input type="radio"/> Constipation | <input type="radio"/> Varicose veins | <input type="radio"/> Depression |
| <input type="radio"/> Heartburn | <input type="radio"/> Bleeding | <input type="radio"/> Symphysis Pubis |
| <input type="radio"/> Breathlessness | <input type="radio"/> High blood pressure | <input type="radio"/> Dysfunction (acute |
| <input type="radio"/> Leg cramps | <input type="radio"/> Oedema (swollen | <input type="radio"/> pain in the pubic |
| <input type="radio"/> Nosebleeds | <input type="radio"/> joints) | <input type="radio"/> bon) |
| <input type="radio"/> Anemia | <input type="radio"/> Pre-eclampsia | |
| <input type="radio"/> Diabetes | <input type="radio"/> Anxiety | |

Please give details of any of the above you have ticked or any other health issues which may have some bearing on your yoga practice. _____

Prior to this pregnancy have you suffered any injury or undergone surgery (eg caesarean section, knee or back surgery) If so please state details _____

Are you expecting twins? _____

Previous births? Please give ages of children _____

Miscarriages? at what stage in the pregnancy? _____

Do you smoke _____

Are you taking any form of medication? _____

How did you hear about the class? _____

MZONE DANCE STUDIO, plot no1710/5821, jharpada, Badshahi Rd,
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Thank you for taking the time to complete this form