



True Yoga
within Healing Hands Chiropractic

**Prenatal Yoga
Student Registration Form**

Your Information:

Name: _____ DOB: _____

Parent / Guardian Name (*if student is under 18*): _____

Mailing address: _____

Phone: (home) _____ (cell) _____

Email: _____

How would you prefer to be contacted (phone or email)? _____

Emergency Contact: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Hobbies / Interests: _____

How did you hear about us? _____

Have you taken a yoga class before? What type of yoga? How long ago?

What are your current goals for your physical and emotional health? What do you hope to gain from the experience of yoga?

Please list any medications or supplements you currently take:

Please list any other holistic health practices you currently use (acupuncture, chiropractic, reflexology, reiki, tai chi, therapeutic massage, etc.):

Your Pregnancy:

Estimated Due Date: _____

Please circle any of the following pregnancy symptoms which you currently experience. All answers are kept strictly confidential.

- | | | |
|-------------------------------------|--|---------------------|
| Anxiety | High Blood Pressure /
Preeclampsia Risk | Preterm Labor Risk |
| Breast Pain / Tenderness | Low Back Pain | Round Ligament Pain |
| Depression | Frequent Nausea /
Vomiting | Sciatica |
| Gestational Diabetes | Placenta Previa | Spotting / Bleeding |
| Frequent Headaches | | Thyroid Problems |
| Frequent Heartburn /
Indigestion | Other (please specify): _____ | |

Do you have a birth plan? (circle one): Y N

If yes, are you planning for a "natural" (unmedicated) labor and birth? Y N

Do you plan to breastfeed? Y N