



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

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

Do you plan to breastfeed? Y N

Healing Hands Chiropractic also offers classes in pregnancy and childbirth education. Please check here if you are interested in learning more about these classes:

Pregnancy classes

Childbirth classes