



## POST NATAL HEALTH SCREENING FORM

Thank you for taking the time to fill out this quick form. It is necessary to submit this only once before participating in any classes with me. Your details are kept secure and are used only to ensure a safe practice for all of my students. VQ

### CONTACT DETAILS

First Name

Last Name

Email Address

Address

Zip/Postal Code

Phone number

Emergency contact name

Emergency contact number

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### BIRTH

Delivery date DD/MM/YYYY \*

6/8 Week check up and outcome



Type of delivery

Do you have any other children?

Under care of any professionals (physio etc)?

Do any of the following apply to you please Tick

- Current or previous pelvic floor problems
- Current or previous urinary problems
- Current or previous bowel problems
- C/S pain or discomfort
- Any unexplained bleeding
- Knee pain
- High blood pressure
- Low blood pressure
- Dizziness
- Current or previous eating disorder
- Upper/lower back, neck or shoulder pain
- Constipation/IBS/Coeliac/Crohn's disease
- Diastasis
- Pelvic girdle pain
- SPD
- Previous muscular/joint injury
- Diabetes
- Heart disease
- DVT
- Anemia
- Asthma
- None of the above

Are you taking any medication or suffering a condition not listed above? If so, please specify here

# TERMS AND CONDITIONS

Please read the below and accept the terms and conditions before submitting.

## **Disclaimer Online and in person teaching**

I aim to make my classes suitable and accessible for everyone however, when online or in person it is up to the individual to assess whether they are ready for the class that they have chosen. If you suffer from a specific injury or are managing a condition it is your responsibility to consider whether or not this practice is right for you. If an exercise feels wrong please stop, take a rest, if you know an alternative please do that or let me know so I can offer a modification.

## **Privacy Policy**

I take my commitment to keeping your personal data safe and secure extremely seriously and are fully compliant with the new General Data Protection Regulation.

Your personal information is held securely and is not shared with any third parties for marketing purposes.

I collect your details and health questionnaire so I can contact you regarding my classes, ensure you are safe to practice and get in touch with your next of kin contact in the unlikely event of any emergency.

When you sign up with your details you are opting in to receive:

- Emails containing information for your booked class
- Emails to inform you of any change or update to your booked class
- Newsletters by email. These will only come from myself VQ Yoga and are designed to keep you updated on my latest classes and events.

If your contact information should change or you wish to access or remove your data at any time please contact me on [vkquilliam@gmail.com](mailto:vkquilliam@gmail.com)

I ACCEPT THE TERMS AND CONDITIONS (TYPE NAME HERE)