



*PRENATAL YOGA | POSTNATAL YOGA  
STUDENT INTAKE FORM*

Name:\_\_\_\_\_ Date/# Weeks Pregnant:\_\_\_\_\_/\_\_\_\_ Due Date:\_\_\_\_\_

It is my intent to provide you with a safe and supportive class experience during and/or after your pregnancy. There are some conditions I need to be aware of in order to structure our classes in the best interest of you and your baby. First and foremost, it is important to ask your maternity healthcare provider if he or she has any concerns about you participating in pre- or postnatal yoga. If there are specific precautions, please contact me about them either by phone (401-338-5466) or email (kaeli@motioncenter.com). You are also welcome to have your healthcare provider contact me directly, or request that I contact him or her. This would require a written release. In addition to discussing class with your healthcare provider, please spend a few moments filling out the following form.

High Risk Factors: (please check all that apply)

- |                                                                          |                                                                     |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Pre-pregnancy diabetes                          | <input type="checkbox"/> Genetic disorder/DES/uterine abnormalities |
| <input type="checkbox"/> Cardiac disorders (heart or pulmonary problems) | <input type="checkbox"/> Multiples (twins, triplets, etc.)          |
| <input type="checkbox"/> Hypertension/high blood pressure                | <input type="checkbox"/> Mother's age under 20 or over 35           |
| <input type="checkbox"/> Thyroid disorder                                | <input type="checkbox"/> Asthma                                     |
| <input type="checkbox"/> RH negative                                     | <input type="checkbox"/> Drug/Alcohol use                           |
| <input type="checkbox"/> Previous complications of pregnancy             | <input type="checkbox"/> Renal/liver/blood/convulsive disorders     |

Pregnancy Complications: (please check all that apply)

- |                                                             |                                                                                                    |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Gestational diabetes               | <input type="checkbox"/> Fetal development complications                                           |
| <input type="checkbox"/> Threatened miscarriage             | <input type="checkbox"/> Anemia                                                                    |
| <input type="checkbox"/> Early labor                        | <input type="checkbox"/> Pregnancy-induced hypertensive disorders (preeclampsia/eclampsia/toxemia) |
| <input type="checkbox"/> Placental dysfunction              | <input type="checkbox"/> Kidney/liver and/or bladder disorders                                     |
| <input type="checkbox"/> Cesarean birth (recent or planned) |                                                                                                    |

Non-pregnancy related complications: (please check all that apply)

- |                                                      |                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Cancer or undiagnosed lumps | <input type="checkbox"/> Contraindicated for affected areas only:      |
| <input type="checkbox"/> Infection                   | <input type="checkbox"/> Severe varicose veins                         |
| <input type="checkbox"/> Autoimmune disorder         | <input type="checkbox"/> Thrombophlebitis                              |
| <input type="checkbox"/> Musculoskeletal Injury      | <input type="checkbox"/> Skin irritation and/or discharge              |
| <input type="checkbox"/> Other_____                  | <input type="checkbox"/> Fracture, bleeding, burns, other acute injury |

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1. Please describe any areas of tension/discomfort that you are experiencing and for how long:

2. What are you hoping to gain from participating in prenatal or mom and baby yoga?

3. Is there anything else you would like me to be aware of?

I \_\_\_\_\_ verify that I have been informed of the possible benefits and contraindicated conditions for yoga practice during pregnancy and postpartum. I will discuss with my physician/certified prenatal healthcare provider any health concerns that he or she or I have about participating in yoga classes. I further verify that: (check one)

\_\_\_\_ I have not had nor do I now have any prenatal complications nor any of the conditions listed above.

\_\_\_\_ I have noted on the above list all prenatal complications, risks or conditions I am/have experienced AND I have discussed it with my maternity healthcare provider and obtained his or her release.

I understand that I will be studying pre- or postnatal yoga as a form of adjunctive health care only and that the massage therapy I receive is not a substitute for obstetric prenatal or perinatal care from a medical doctor or other licensed provider.

I hereby release and hold harmless and defend the practitioner from any claims, liability, demands and causes of action arising from my and my child's participation in this class.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Printed Name\_\_\_\_\_