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**Prenatal and Postpartum Intake Questionnaire**

***Please answer the following confidential questions, electronically or physically sign the liability waiver agreement, and return to me via email (bonnie@yogawithbonnie.com) attachment before your first class. You can also print and hand in at the first class. THANK YOU.***

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which class(es) are you taking?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about the classes? Please X and answer as appropriate.**

Friend(name?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Flier(from?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Websearch\_\_\_\_Facebook\_\_\_\_Other please note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you taken Yoga classes previously?** \_\_Yes\_\_No

**If yes, where, when, with whom, what type, and level?**

**Why are you taking this class? Please X all that apply:**

\_\_To improve flexibility \_\_To manage stress \_To get stronger

\_\_To learn to meditate \_\_To breathe better \_To meet other moms

\_\_To learn about Yoga \_\_To improve strength

\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prenatal**: Estimated due date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postpartum**: Baby’s name and date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle any of the following that apply. or fill in the blank:**

high blood pressure

placenta previa diabetes or gestational diabetes

history of depression or PPD carpal tunnel

carrying twins caesarian birth

low back or sciatica incompetent cervix

vaginal bleeding during pregnancy abdominal weakness

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your current exercise routine, level of daily movement, or sports regimen, and how often. For example: non-existent, walk a few times per week, chase toddlers, lift weights once per month, treadmill, etc.**

**Do you or have you tried meditation? \_\_N\_\_\_Y. If yes, when and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anything else you’d like to share with the teacher?**

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**Liability Waiver Agreement**

**PLEASE PRINT YOUR NAME AND SIGN**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(first and last name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated.

If at any time during the class, you feel extreme discomfort or strain, gently come out of the posture, continuing to breathe smoothly. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, *Yoga with Bonnie*, nor the hosting facility is liable for any injury, or damages, person or property, resulting from the taking of the class. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the instructor the hosting facility.

Additionally I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that *Yoga with Bonnie*, *Rooted* , or *Yoga is Therapy* cannot make a determination about the safety of the prenatal or postpartum yoga program for each individual woman and her child. Only my physician or midwife can make this determination.

I hereby knowingly, voluntarily and expressly: (i) assume full responsibility for any risks, injuries or damages, known or unknown, which either I , or my child might incur as a result of participating in the program; (ii) release *Yoga with Bonnie, Rooted, and/or Yoga is Therapy*, and its members, employees, agents and contractors from any and all liability for any injury or damages that either I or my child may sustain as a result of my participation in the program; and (iii) agree that *Yoga in Balance LLC/Bonnie Golden*, *Rooted,* *Yoga is Therapy*. nor any of its members, employees, agents or contractors assumes any responsibility for the care of my child.

I, on behalf of myself and my successors, assigns, heirs and legal representatives, forever release, waive, discharge and covenant not to sue *Yoga with Bonnie, Yoga is Therapy*, or its members, employees, agents or contractors for any harm whatsoever either I or my child may sustain as a result of their negligence or other acts or omissions. I have read the above release, waiver of liability and covenant and fully understand its contents and implications. I knowingly and voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date