

WOMEN'S SPECIALISTS
of New Mexico, Ltd.

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Prenatal Yoga Registration Form

The information collected on this registration form will only be used for the purposes of this initial interview and general class recommendations. Studio staff, instructors, substitutes, and program affiliates will not be responsible for knowing or using this information collected on this student registration form. It is the student's responsibility to keep the yoga instructor or sub informed of any physical or pregnancy related issues.

Personal Information:

Name: _____ Age: _____ Date: _____

Home Address: _____

Baby Due Date: _____ Current week of pregnancy: _____ Occupation: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Physician/Midwife: _____ Birth place: _____

Physician's Phone: _____

History:

of previous pregnancies: _____ # of vaginal births _____ # of cesarean births: _____ # of miscarriages: _____

Age of children: _____ Please list or describe any complications with previous pregnancy: _____

Have you provided us with a "Health Care Provider Release Form"? _____

Please let us know anything physical that is going on with you (including pre-existing injuries and illnesses): _____

Is there anything we need to know about your pregnancy? Please list or describe any problems or complications you may have had: _____

Yoga / Exercise History:

Have you done yoga before? _____ If yes, for how long? _____ Which style/type? _____

What other exercise are you doing in pregnancy, and how often? _____

What would you like to receive from your yoga practice? _____

Do any of the following conditions apply to you?

- | | |
|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Elevated Blood Pressure |
| <input type="checkbox"/> Vaginal Bleeding during pregnancy | <input type="checkbox"/> Placenta Previa |
| <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Carrying twins or multiples |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Previous Premature Labor | <input type="checkbox"/> Incompetent Cervix |
| <input type="checkbox"/> History of depressions or PPD | <input type="checkbox"/> Abdominal Weakness |
| <input type="checkbox"/> Low back or sciatic pain | <input type="checkbox"/> Diabetes or Gestational Diabetes |
| <input type="checkbox"/> Limb numbness upon waking | <input type="checkbox"/> Carpal Tunnel |

AGREEMENT OF RELEASE and WAIVER OF LIABILITY

Please read carefully before signing.

As a student of this prenatal yoga class:

1. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold my yoga instructor to any higher standard of care than that applicable to a school of yoga theory and exercises.
2. I will give my highest attention to the well being of myself, and my unborn child.
3. I will work with patience and an open mind in the self-discovery process.
4. I understand that there is a risk of injury associated with yoga as with any physical activity in pregnancy.
5. I understand that if I move with care, intelligence, courage, applied safety and self-awareness, then injury is unlikely. Should injury occur or complications arise, WSNM, classroom facility, all teachers, substitutes, employees and affiliates are absolved of all responsibility.
6. I am fully responsible for the outcome of my yoga practice and my participation in this class.
7. I understand that I should report any problems with my pregnancy to my physician/midwife.
8. I will keep my yoga teacher informed with any changes in my pregnancy or physical health.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND FULLY AGREE WITH IT AND UNDERSTAND IT, AND I SIGN THE SAME AS MY OWN FREE ACT.

Printed Name: _____

Signature: _____

Date: _____