



Breathe Together Now

Inhale. Exhale. It's that simple.

Please print clearly. Your information is under strict confidentiality. It will not be shared.

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: (_____) _____ Text OK? YES or NO

Email Address: _____

Occupation: _____ Birth Date: _____ Age: _____

Marital Status: Single Live w/ partner Married Separated Divorced Widow

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: (_____) _____

How did you hear about our prenatal program? _____

In the past, have you experienced any of the following:

Miscarriage? YES or NO If yes, how many? _____

Number of previous pregnancies: _____ Number of vaginal births _____ Number of C-Sections _____

Other pregnancy complications? _____

Names / Ages of Children: _____

Status of current pregnancy:

Current week of pregnancy: _____ Estimated due date: _____

Has your doctor or midwife cleared you for exercise? YES or NO

Has your doctor or midwife set any parameters to your physical activity? YES or NO

If yes, please explain: _____

Are you having twins or multiples? _____

Is preparing for a natural, non-intervened childbirth important to you in this pregnancy? YES or NO

During this pregnancy or previous, have you experienced:

- | | |
|--|--|
| <input type="checkbox"/> Bleeding from the vagina ("spotting") | <input type="checkbox"/> Absence of fetal movement after 6th month |
| <input type="checkbox"/> Unexplained faintness or dizziness | <input type="checkbox"/> Failure to gain weight after 5th month |
| <input type="checkbox"/> Unexplained abdominal pain | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Sudden swelling of ankles, hands, or face | <input type="checkbox"/> Placenta Previa? Full or Partial? |
| <input type="checkbox"/> Swelling, pain, or redness in calf of one leg | <input type="checkbox"/> Diastasis Recti (abdominal separation) |
| <input type="checkbox"/> Varicose Veins / Hemorrhoids | <input type="checkbox"/> Pre-eclampsia |

Do you have any other high risk factors associated with this pregnancy? _____

continued on back

Have you done yoga before? _____ If yes, number of years: _____

If yes, please describe your experience: _____

What are you eager to experience or gain out of Prenatal Yoga? _____

Please list any fears, phobias, or concerns (physical or emotional) you may have in this pregnancy:

Describe any other physical or emotional concern you may have (or had in the past) which I should know about, as your teacher and birth supporter (i.e. past surgeries, injuries, chronic pain, assault, etc.):

As Angela continues to offer more classes for women in their childbearing years, would you like to receive periodic emails about these encouraging, informative, and fun classes? YES or NO

_____ (please initial) I have read and understand the Cancellation and Refund Policy and the Winter Weather Cancellation Policy at www.breathetogethernow.com/prenatal

As a student of this prenatal yoga class:

- I understand that Entouch Yoga and Massage LLC, Breathe Together Now LLC, and Angela Arnold cannot make a determination about the safety of prenatal yoga class for each individual woman and her unborn child. Only my doctor / midwife can make such a determination.
- I am fully responsible for the outcome of my yoga practice and participation in this class.
- I understand that there is a risk of injury associated with yoga, as with any physical activity in pregnancy. To reduce the risk of injury, consult your doctor / midwife before beginning this program.
- I understand that if I move with care, intelligence, safety, and self-awareness, injury is unlikely. Should injury occur or complications arise, Entouch Yoga and Massage LLC, Breathe Together Now LLC, all teachers, substitutes, employees, and affiliate are absolved of all responsibility.
- I understand that I should report any problems with my pregnancy to my physician / midwife.
- I am having a healthy pregnancy. I am under a physician's or midwife's care and have his or her consent to participate in this prenatal yoga program.
- 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 ITS CONTENTS. I FULLY AGREE WITH IT AND UNDERSTAND IT.

Printed Name: _____

Signature: _____ Date: _____