

Pre-natal Health Survey & Waiver Form

Please complete ALL sections <u>clearly</u>

Name		Address			
City		Postal Code			
Home Phone		Cell Phone			
Email					
Check here to receive our studio newsletter (1-2x/month) and occasional notification of special events, workshops or studio rate specials. * You may unsubscribe at any time.					
Emergency Contact		Emergency Contact's Phone			
Your baby's due date		Name of Doctor/Midwife			
Number of pregnancies		Number of deliveries			
Previous separation of abdominal wall?		Previous cesarean?			
Have you practiced yoga recently or taken classes before		If yes, when, how often, what type of yoga			
Level of physical activity pre-pregnancy ☐ Sedentary ☐ Light ☐ Moderate ☐ Heavy ☐ Very heavy		Kinds of physical activities pre-pregnancy			
How did you hear about the Yoga Loft? Please circle					
Friend Facebook Kamloops Momma	Family mer Interior We The Echo		Web Search Flyer/Poster Other		

 \sim Please complete other side \sim

Personal Risk Assessment:

Heart Disease Yes No

Signature	Date		
It is a condition of participation in any Yoga Loft or its agents, servants or em Yoga Inc." is not liable for loss, injury, in connection with such participation.	ployee damag	es that ge or a	"The Yoga Loft" "Whole Family
Is there anything else concerning your he	alth th	at you	should tell your yoga instructor?
Are you on any medication? If yes, please list medications	Yes	No	······································
Any other physical strains or injuries? If yes, please explain:		No	
Has a doctor told you that you have a bor osteoporosis) that has been or might be a	-	_	7
Location:			
Significant Bone/Joint/Muscle Pain	Yes	No	
Anxiety	Yes	No	
Depression	Yes	No	
High blood pressure Low blood pressure	Yes Yes	No No	
Diseases of the liver	Yes	No	
Diseases of the kidneys	Yes	No	
Diseases of the lung	Yes	No	
Diseases of the heart	Yes	No	
Hernia	Yes	No	
Hemorrhoids	Yes	No	
Insomnia	Yes	No	
Insulin Dependent?	Yes Yes	No No	
Abnormal Resting EKG Diabetes	Yes	No	
Cigarette Smoking	Yes	No	
Whiplash or other neck problems	Yes	No	
SI joint problems	Yes	No	
Slipped discs	Yes	No	
Back surgery	Yes	No	
Back injury	Yes	No	
Is back pain related to pregnancy If No, please explain:	Yes	No	
Back Pain	Yes	No	
High Cholesterol Level	Yes	No	
High Blood Pressure	Yes	No	
Use an Inhaler	Yes	No	If yes, please bring it to every class
Shortness of Breath or Chest Pain	Yes	No	

The Yoga Loft 201 – 409 Seymour St. Kamloops BC 250-828-6206 www.youryogaloft.com