



Prenatal and Postnatal Information and Consent Form

Please complete and sign this form before your first prenatal or postnatal yoga class.
This information will be kept confidential and will only be used by Yoga Focus to insure safety in yoga class.

Name: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Midwife/OB/Birth Provider: _____

Other health conditions: _____

Heard about class from: _____

Prenatal Only:

Estimated due date: _____

Current discomforts/issues related to pregnancy: _____

Postnatal Only:

Name of baby and date born: _____

Vaginal or Cesarean birth, birth interventions, current physical issues _____

CONSENT: I take full responsibility for my participation in this class. Understanding that there are risks to any physical activity, and knowing that I may participate at my own pace, I will not hold Yoga Focus or their instructors responsible for any injury/illness that might occur as a result of participation.

Signed: _____ **Date:** _____