

**Doctors for Kids PLC**

**940 W Avon Road, Suite 10,**

**Rochester Hills, Mi-48307**

**Ph. (248)650-5009**

***Please Print***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Top of Form

In the past, have you experienced:
 Miscarriage

 Diastases Recti (Abdominal Separation)
 Other pregnancy complications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of previous pregnancies?    \_\_\_\_\_\_\_

Status of Current Pregnancy
Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your Doctor cleared you for exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you having twins or multiples? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| During this pregnancy, have you experienced: Bleeding from the vagina (“spotting”) Unexplained dizziness or being light headed Unexplained abdominal pain Sudden swelling of ankles, hands or face  Swelling, pain or redness in the calf of one leg  Varicose veins |  Absence of fetal movement after 6th month Failure to gain weight after 5th month  Hypertension Placenta Praevia? Full or Partial?  Diastases Recti (Abdominal Separation) Hemorrhoids |



**Doctors for Kids PLC**

**940 W Avon Road, Suite 10,**

**Rochester Hills, Mi-48307**

**Ph. (248)650-5009**

If you answered YES to any of the above questions, please explain:

Bottom of Form

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print 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, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body at all times, and make the necessary adjustments to suit my body’s needs.

I understand that the yoga instructor is not a physician and cannot instruct or diagnose medical needs. If I am suffering from or have suffered from any of the following, I will consult with my physician before engaging in any yoga practice: high blood pressure, low blood pressure, diabetes, allergies, dizziness, glaucoma, varicose veins, heart disease, headaches, multiple sclerosis, arthritis/rheumatism, detached retina, previous fractures/pertinent surgeries, chronic neck and/or back pain, pregnant/or three months post partum.

If I choose to engage in any yoga practices with the yoga instructor without consulting my physician, I take full responsibility of my body and/or any future injuries that may occur from yoga. I fully understand, acknowledge and willingly accept full responsibility for my total well being as part of my participation in any yoga class(es) with the yoga instructor and I fully assume responsibility for any personal injury or loss resulting thereof.

I hereby agree to irrevocably release and waive any and all claims that I or anyone claiming by or through me have now or hereafter may have including, any claims based on negligence, breach of duty, misrepresentation, violation of any law or regulation, strict liability, indemnification, contribution or subrogation against Doctors for Kids, their affiliates and their respective directors, officers, employees, agents, insurers, successors and assigns, which arise from or relate to, directly or indirectly, yoga classes or presence on any premises of Doctors for Kids, including personal injury and property damage. Neither I, nor anyone claiming by or through me will assert any claim or commence any proceeding of any kind against Doctors for Kids based upon any matter purported to be released or waived by this release, which is governed by Michigan law.

I have had sufficient time to review and seek explanation of this release. I have carefully read it and fully understand it. I voluntarily enter into this release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_