

# BODIES FOR BIRTH, LLC

We value getting to know more about you, your goals and any concerns you might have. Thank you for taking the time to complete this paperwork. We look forward to working together!

## **Section A: New Client Contact Information:**

Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_ Today's date \_\_\_\_\_

How did you find Bodies for Birth? \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Birth gender: F M \_\_\_ Identified gender: F M \_\_\_

Preferred pronouns: \_\_\_\_\_

Relationship status (select): Married Partnered Single Separated Divorced Widowed

Other: \_\_\_\_\_

### **Client Contact Information:**

Preferred phone number: Home Work Cell \_\_\_\_\_

May we leave a voice message? Yes No, if not how would you like to be contacted?

\_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Emergency Contact Info:**

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

## **Section B: Pre-Exercise Health Assessment**

**Part I: Current Perinatal Stage** (select): Preconception Pregnant Postpartum Other

Please indicate the following as applicable:

- Actively trying to conceive? Yes No \_\_\_\_\_
- Estimated due date in pregnancy \_\_\_\_\_
- Length of time postpartum \_\_\_\_\_

# BODIES FOR BIRTH, LLC

## **Part II: Electronic Physical Activity Readiness Medical Examination:**

Please complete a brief electronic **Physical Activity Readiness Medical Examination** as indicated below.

*At the end of your survey, you will receive a recommendation for exercise or a recommendation to pursue clearance from your provider.*

---

If you are **pregnant or think you may be pregnant**, please complete the following electronic Physical Activity Readiness Medical Examination, **2017 e-PARMed-X**.

- Link to e-version: <http://eparmed-x.appspot.com/?locale=en#pub/parmedx>
  - Once completed, please print and sign.
  - If activity is **recommended**, please submit this clearance prior to engaging in physical activity with Bodies for Birth.
  - If **further clearance is recommended** please print and sign the document **and also complete PARMed-X for Pregnancy**. *This document does require sign off from your provider.*
  - PARMed-X for Pregnancy: <http://www.csep.ca/cmfiles/publications/parq/parmed-xpreg.pdf>
- 

In **preconception and postpartum**, please complete the following electronic Physical Activity Readiness Medical Examination, **2017 PAR-Q+**.

- Link to e-version: <http://eparmed-x.appspot.com/?locale=en#pub/parq>
  - Once completed, please print and sign.
  - If activity is **recommended**, please submit this clearance prior to engaging in physical activity with Bodies for Birth.
  - If **further clearance is recommended** please follow the instructions to complete the e-PARMED-x and print and sign the final recommendation.
  - You must please submit this clearance prior to engaging in physical activity with Bodies for Birth, LLC.
- 

I \_\_\_\_\_, have completed, printed and signed the **Physical Activity Readiness Medical Examination** and will submit paperwork prior to engaging in physical activity with Bodies for Birth, LLC.

# BODIES FOR BIRTH, LLC

## **Section C: New Client Intake**

### **Goals:**

What is your primary goal or reason for getting started with Bodies for Birth, LLC? As applicable, do you have any specific goals for your labor/delivery or postpartum recovery?

---

---

---

### **Exercise Habits:**

In the last four weeks, how many days per week have you exercised? What activities? What fitness activities do you enjoy most?

---

---

---

Have you ever done any form of strength training? If so, what kind?

---

---

---

In order to reach your health and fitness goals, how many days per week are you intending to exercise? What time is allotted for fitness?

---

---

---

### **Medical History:**

Do you have any aches and pains anywhere in your body? YES or NO? What are they and when do they occur?

---

---

---

Do you have any existing medical conditions? YES or NO What are they?

---

---

---

Do you take any medications (even over the counter)? YES or NO What for?

---

---

---

Have you ever had surgery? YES or NO What for? When?

# BODIES FOR BIRTH, LLC

---

---

---

**Current Health Status & Concerns** (please complete applicable questions):

**FOR PRECONCEPTION CLIENTS: Status of Preconception Health:**

Do you have any specific concerns about exercise in preconception or exercise while actively trying to conceive? If so, please elaborate:

---

---

---

**FOR PRENATAL CLIENTS: Status of Current Pregnancy:**

Do you have any specific concerns about the status of your current pregnancy? Or concerns about engaging in physical activity while pregnant? If so, please elaborate:

---

---

---

*If not a postpartum client, please skip ahead to “Lifestyle, Diet, Occupation and Toxic Burden”*

**FOR POSTPARTUM CLIENTS: Status of Postpartum Recovery:**

Please share a bit about your labor & delivery so that I can best serve you and create a program tailored to your specific needs. Feel free to be as brief or as thorough as you'd like.

**Physical Healing:**

Did you have a c-section? If yes was the c-section planned or did you go into labor?

---

---

Did the doctor use a vacuum or forceps for the delivery?

---

---

Did you have an episiotomy?

---

---

Did you tear? If so, what degree or grade? Status of healing?

---

---

Have you stopped bleeding? If so, how long has it been since the bleeding stopped?

---

---

# BODIES FOR BIRTH, LLC

Do you have any pain, pressure or leakage from the pelvic floor? If yes, please elaborate.

---

---

Are you working with a Women's Health Physical Therapist? If not, would you like a referral?

---

---

## **Mind-Body Connection:**

Did you have inducing drugs, like Pitocin during your labor and delivery

---

---

How long was your labor?

---

---

How long was your pushing time?

---

---

## **Mental-Emotional Outlook:**

Did you have an epidural during your labor and delivery?

---

---

Did you have the birth experience you hoped for? If not, how do you feel like you are coping postpartum?  
Would you like additional support and resources?

---

---

---

---

## **Goals & Concerns:**

Do you have any specific goals for physical recovery/rehab/training?

---

---

## **Lifestyle, Diet, Occupation and Toxic Burden:**

What is your occupation? How many days per week do you work? How many hours each day?

---

---

---

# BODIES FOR BIRTH, LLC

What time do you typically fall asleep at night, and rise in the morning? Do you ever have restless sleep?

---

---

---

How many days per week do you make time for mind-clearing relaxation? What activity?

---

---

---

Do you eat unprocessed whole foods (vegetables, fruits, meats, nuts) free from pesticides, hormones, antibiotics, and other chemical additives 80% of the time? How much water (not including other liquids) do you drink every day?

---

---

---

## **Support, Nourishment and Resources:**

What resources are available to help you meet your current health and wellness goals?

---

---

---

What support is in place? Are you seeking additional support or resources at this time?

---

---

---

## **Additional Thoughts, Comments or Concerns:**

Feel free to elaborate in the space below if there is anything else you feel it is important for me to know about you as we begin to work together

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# BODIES FOR BIRTH, LLC

Bodies for Birth is a [health and] wellness company providing prenatal and postpartum fitness [training] to new mothers and mothers to be. Bodies for Birth is a WA Limited Liability Company (LLC) owned and operated by Maura Margaret Shirey in Seattle, Washington.

## **Bodies for Birth Terms & Conditions**

- I understand that payment is due at the time of treatment unless arrangements have been made otherwise.
- I agree to give at least 24 hours notice of cancellation of appointment. Cases of extreme emergency are considered exceptions to this cancellation policy.
- I understand the treatment here is not a replacement for medical care.
- I understand the practitioner does not diagnose medical illness, disease or any other physical or mental conditions.
- As such, the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations
- I understand that the treatment is not a substitute of medical treatments and/or diagnosis and it is recommended that I see a qualified professional for any physical or mental conditions that I may have.
- I have stated all my known conditions and take it upon myself to keep the practitioner updated on my health.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Client Confidentiality Release**

BODIES FOR BIRTH maintains the privacy and confidentiality of your protected health information. We take significant actions to maintain the security and integrity of your health information. BODIES FOR BIRTH is not a covered entity under the Health Insurance Portability and Protection Act (HIPPA). However, we maintain privacy standards consistent with the spirit of HIPPA.

HIPAA regulations require all practitioners should have a signed release form from their client before taking any notes about them. Clients may receive a copy of the form they signed (upon request), and the practitioner maintains a copy for their records.

Confidentiality of medical and personal information obtained during the course of the practitioner's work is of the utmost importance.

Failure to comply with these confidentiality regulations could result in penalties.

I, (name) \_\_\_\_\_ give my permission, for BODIES FOR BIRTH to take notes about me, including health history/ medical and /or personal information I choose to disclose to BODIES FOR BIRTH.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BODIES FOR BIRTH, LLC

## Health and Fitness Liability Waiver/Informed Consent Form

This liability waiver and consent document is executed by me, \_\_\_\_\_ (“me”, “I”) in favor of BODIES FOR BIRTH, LLC, Maura Margaret Shirey, and designated contractors or representatives providing services to me.

I am voluntarily participating in a preconception/prenatal/postpartum exercise program offered through BODIES FOR BIRTH, LLC with full knowledge, understanding and appreciation of the risks of injury inherent in any physical exercise or activity, and expressly assume all risks of injury and even death, which could occur by reason of my participation.

I understand that the exercise program undertaken through BODIES FOR BIRTH, LLC may involve strenuous physical actions including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and use of fitness equipment. I understand that there are potential risks involved in undertaking any physical activity or exercise which could include, but are not limited to, abnormal blood pressure, fainting, heartbeat disorders and, in rare instances, heart attack. I may also experience muscle, back or bone injuries during exercise or physical activity. I further agree not to hold BODIES FOR BIRTH, LLC responsible for the actions or omissions of other exercise program participants.

### PRECONCEPTION/POSTPARTUM CLIENTS:

I understand that it is my sole responsibility to participate in physical activities or exercises that are appropriate for the current status of my health. I have obtained clearance from my Doctor, Obstetrician or Midwife to participate in physical exercise or activity with BODIES FOR BIRTH, LLC. If I have any questions or concerns about whether or not a particular activity or exercise is appropriate for my current health status, I understand it is my responsibility to ask my Doctor, Obstetrician or Midwife if this activity or exercise is appropriate before I participate in such activities or exercises.

### PREGNANT CLIENTS:

I have obtained clearance to exercise from my Obstetrician and/or Midwife to participate in physical exercise or activity with BODIES FOR BIRTH, LLC. I understand the risks of exercising while pregnant and choose to exercise at my own risk. I also understand that if I experience changes in my health during the prenatal period, I must obtain further clearance from my Obstetrician and/or Midwife to continue undertaking physical activity or exercise with BODIES FOR BIRTH, LLC.

### MOM & BABY GYM CLIENTS:

I am at least six weeks postpartum following an uncomplicated vaginal delivery or at least eight weeks following a cesarean delivery. I have received clearance from my Doctor, Obstetrician or Midwife to participate in physical exercise or activity with BODIES FOR BIRTH, LLC.

I understand that it is my sole responsibility to participate in physical activities or exercises that are appropriate for the current status of my health. My baby, \_\_\_\_\_ and I \_\_\_\_\_ are voluntarily participating in Mom & Baby Gym. I assume full responsibility for the safety of my baby throughout class and release BODIES FOR BIRTH, LLC from any liability and agree not to sue BODIES FOR BIRTH, LLC with respect to any cause of action for bodily injury, property damage or death occurring to me or my baby as a result of our participation in the activity.



# BODIES FOR BIRTH, LLC

If I have any questions or concerns about whether or not a particular activity or exercise is appropriate for my current health status, I understand it is my responsibility to ask my Doctor, Obstetrician or Midwife if this activity or exercise is appropriate before I participate in such activities or exercises.

**ALL CLIENTS:**

I hereby waive and release BODIES FOR BIRTH, LLC from any and all claims, costs, liability and expense and agree not to sue BODIES FOR BIRTH, LLC with respect to any cause of action for bodily injury, pregnancy complications, property damage or death occurring to me, whether known, anticipated or unanticipated as a result of my voluntary participation in the physical activity or exercise.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST BODIES FOR BIRTH, LLC.

\_\_\_\_\_ (Participant Signature)

\_\_\_\_\_ (Witness Signature)

\_\_\_\_\_ (Date)