



Baby and Me Intake Form

Baby's Name: _____ Birthday: _____

Caregiver's Name: _____

Name/ Ages of Other Children: _____

If Applicable (circle one):

Was your baby born:

Cesarean Birth

Vaginal Birth

How would you describe your pregnancy/ birth? _____

How would you describe your postpartum recovery? Please list any medical issues.
(Ex. Diastasis Recti, Pelvic Pain, Postpartum Depression, Back pain, Dizziness.....).

Is there anything specifically you are hoping yoga will help you with? What do you hope to gain from baby and me yoga? _____

Have you done yoga before? Yes No If yes, please describe your experience:
