

**Pediatric OT & Mama/Baby Info Sheet**

**Red Monkey Therapeutics**

**Ivy Lau LLC**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Profession: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Siblings Names & Ages:

What do you hope to get out of our sessions?

Does your child have medical conditions or challenges (past or present) that you are experiencing?

Do you have specific concerns regarding your child's current development?

Challenges experienced during pregnancy/labor/birthing/postpartum?

Do you have any of the following conditions? Please check all that apply:

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Chronic Sinus Condition    | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Hernia         | <input type="checkbox"/> Epilepsy   |
| <input type="checkbox"/> Immune Deficiency          | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Ulcers         | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Chronic Headaches          | <input type="checkbox"/> Hypoglycemia         | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> High/Low Blood Pressure    | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Sciatica       | <input type="checkbox"/> Asthma     |
| <input type="checkbox"/> Genitourinary Difficulties | <input type="checkbox"/> Osteoarthritis       | <input type="checkbox"/> Scoliosis      | <input type="checkbox"/> Postpartum |
| <input type="checkbox"/> Intestinal Complications   | <input type="checkbox"/> Reflux               | <input type="checkbox"/> Insomnia       | <input type="checkbox"/> Pregnancy  |
| <input type="checkbox"/> Other: _____               |   |   |                                     |

Please list any recent injuries, chronic pain, surgeries or post-surgical precautions/restrictions.

For Mama/Baby sessions:

Briefly describe your current/previous experience with yoga. Did you do prenatal classes?    Y    N

What is your personal motivation for taking yoga? Check all that apply:

- Physical Health             Flexibility             Heal Joint Pain             Stress Reduction  
 Mental Clarity             Fun             General Fitness             Relaxation  
 Other: \_\_\_\_\_

Anything else you are experiencing with your health, body, wellness that may be helpful for me to be aware of.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who can I thank for referring you?

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

## GROUP SESSION GUIDELINES & TERMS

### GUIDELINES

- Our time together is sacred and privileged. Anything shared during our sessions is kept confidential by each of us. Show up as you are and be embraced in your vulnerability.
- You have complete permission to take care of any needs that arise during class - I am here for you.
- Ask questions! If there is anything you want to work on, or do not understand, or want to learn more about, let me know so that I can support you.
- We will embrace the unpredictability that comes with bringing a group of babies and moms together! We release attachment to specific outcomes, and let our babies guide how we use our time together.
- Payment is due in full at the end of each session unless other arrangements are made in advance.
- I understand and agree with the above guidelines and terms.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Ivy Lau, MS, MEd, OTR/L, RYT