Pre and Perinatal Study Group

*Two Year Online Program*

Year 1: Sept 13-Dec 6, 2023; Feb 7-June 26, 2024

Year 2: Sept 11-Dec 4, 2024; Feb 5-June 25, 2025

**Registration Form**

*\*All information is completely confidential*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date of Workshop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many of the following questions are personal. Your response will be kept completely confidential. Please take the time to reflect on your intention at this time. Filling out this form actually begins your journey of Birthing Your Self.

Allow for your intention to clarify and change over time. When we meet we will ask again about your intention, as your learning will follow the felt sense of your words.

Janet Evergreen, MA: 434-906-4181 Tonya Ridings: 434-465-1561   
 [janet@janetevergreen.com](mailto:janet@janetevergreen.com) [tridings23@gmail.com](mailto:tridings23@gmail.com)

*Please answer the following questions.*

What is your intention in exploring prenatal, birth and perinatal experiences?

Family Relationships? (i.e. married, partnered, single, divorced, children, grandchildren...)

If you have children is there something you would like us to know about their prenatal or birth stories?

If you are a bodyworker, psychotherapist, health care practitioner or student in these fields, please indicate the nature of your practice or extent of training (types of therapy). If you do not work in the “healing” arts please give a short account of the work you do.

Some of the work may involve physical exertion. Do you have any medical conditions which would contraindicate involvement in this way? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please explain.

Do you have any area of your body which needs special consideration?

Are you presently taking any medications or drugs? (name of medication, for what condition?)

Are you presently using any recreational drugs, alcohol or nicotine? (amount per day/week).

Have you ever been prescribed medications for mental health reasons?  
Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please describe the circumstances and outcomes, with the dates.

Have you ever been hospitalized for mental health reasons? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please describe the circumstances and outcomes, with the dates.

Have you ever experienced suicidal thinking or made a suicide attempt/s? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please describe the circumstances and outcomes, with the dates.

Are you being treated by any other health care professionals?

***Please check what you know or think applies to your birth history.***

My birth was:

\_\_\_\_\_ an unmedicated vaginal birth at home

\_\_\_\_\_ an unmedicated vaginal birth in the hospital

\_\_\_\_\_ a vaginal birth with anesthesia

\_\_\_\_\_ with forceps

\_\_\_\_\_ with cranial suction (vacuum extractor)

\_\_\_\_\_ with a fetal heart monitor

\_\_\_\_\_ Cesarean Section

\_\_\_\_\_ Breech birth

\_\_\_\_\_ a multiple birth (twin, triplet)

\_\_\_\_\_ other birth complications? *Please explain.*

***Please check what you know or think applies to your prenatal and birth history.***

\_\_\_\_\_ I had a twin that did not live. At what point in the pregnancy or post natal time did the twin leave?

\_\_\_\_\_ I was premature. How many weeks?

\_\_\_\_\_ I was circumcised at birth.

\_\_\_\_\_ I was in a neonatal intensive care unit. Please state how long, and what you know or think about the reasons for this.

\_\_\_\_\_I was incubated. Please state how long, and what you know or think about the reasons for this.

\_\_\_\_\_ I was hospitalized in my first five years of life. If so, please state how long, and what you know or think about the reasons for this. Please note any interventions shortly after birth, high levels of jaundice, or other neonatal complications, or any surgeries or significant illness as an infant or young child.

Who raised you? Were your parents your biological parents? Were you raised by a single parent? If your parents separated or divorced, how old were you? Did you have other major primary care givers like grandparents, aunt and uncles, guardians, foster or adoptive parents?

Do you have or did you have siblings? Indicate ages relative to you, and the nature of your relationship as children.

Please relate any other information you know or think concerning your conception, your parents’ attitude toward having you (planned, unplanned, wanted, confused, unwanted etc? If you know you were unwanted, did your parents consider or attempt abortion?).

What was your life in the womb like? Consider physical effects such as: did your mother or father smoke? Consume alcohol or other drugs? Mother’s diet? Also consider emotional effects such as: absence or presence of father during pregnancy and birth? Your parent’s relationship with each other during your pregnancy? Significant stressors or losses during your pregnancy? Your siblings’ attitude to your birth? If you were adopted, give information about the transition to your adopted family as well as any birth history you know.

Have you ever been in an abusive relationship? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, please tell us about it…when, what relation the person was or is to you, whether the abuse was or is physical, sexual and/or emotional? If this was in a past relationship what action did you take? If in a present relationship what are you doing about it? Please give details.

If this is your first Pre and Perinatal training, who recommended this training to you?

Is there anything else you would like us to know?

*If you are uncomfortable responding to any of these questions,   
email or telephone Janet and/or Tonya to discuss.*

**Professional Waiver**

***Please initial and sign the following.***

\_\_\_\_\_\_ I take responsibility for my well being during and after the group sessions.

\_\_\_\_\_\_ I am in good physical, emotional and mental condition and can participate in the regularly scheduled activities of the study group.

\_\_\_\_\_\_ I understand that all the shared material that I learn from other participants in the Study Group is totally confidential. I will respect and follow the guidelines for group safety.

\_\_\_\_\_\_ I will not misuse recreational drugs and alcohol. I will limit sugar intake and tend to that which nourishes me as part of this process. If at anytime this becomes an issue I will seek support from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have access to support and follow up therapy after study groups if desirable?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, with whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Does this person have pre and perinatal facilitation skills? Yes\_\_\_\_\_ No\_\_\_\_\_\_.

If you do not have access to follow up therapy, what do you plan to do to support yourself after group sessions?  *Note:* this will also be discussed in the workshop.

**Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional**▢ Check if you text message.  
▢ Check if you are willing to share your phone and email with the Study Group.