



Process Workshop with Mia Kalef

"And the day came when the risk to remain tight as a bud became more painful than the risk to blossom." Anais Nin

Please fill out as clearly as possible and mark n/a if the questions do not apply to you.

Name:

Birthdate:

Address:

Home Phone:

Cell Phone:

Present Age:

I am applying to register for the (date) _____ workshop, in (city/town) _____.

I was referred to this workshop by:

I am interested in attending this workshop because:

I would phrase my intention then for this workshop as (I wish for/I wish to):

I have these following physical challenges that may prevent me from either sitting on the floor or using my body during the workshop:

I have the following life experiences or training that I bring as skills to support the group during the workshop (body work, counseling, mediation, parenting, grandparenting, personal development, etc.):

I am presently in therapy with the following practitioner(s):

They do/do not have pre and perinatal facilitation skills. (Circle one.)

I am taking the following medications or herbs and will be on them during the workshop:

I have a medical doctor; his/her name and phone number is _____.

In the case of an emergency, I would like you to contact _____ . Their number and email are: _____ .

History:

I have had the following surgeries/illnesses in my life including teeth and skin:

I have the following food, substance, or medications allergies:

I was born in (city/town/place):

I was an only child/one of (x) number of children:

I take the following medications (aside from herbs or vitamins):

My parents had other children who did not live (miscarried/aborted/stillbirth/young death):

I would describe my relationship to my parents and siblings (if you have them) as follows:

I have/have not (circle one) had relationships with grandparents during my life. Please describe in detail who of your grandparents you have known if any and what your relationship(s) are/were like:

Who else in your life might have had an elder or parental influence on you and for how long?

Your Prenatal History:

I know the following about my birth (including whether medications, forceps, cesarean or other procedures were used):

I have always wondered about this about my birth:

Please fill in anything you know about whether you were planned for, wanted, and any significant events that you know about from when your family was pregnant with you:

I agree to attend all of the days of the workshop in their entirety, as I understand my integral importance in the group process. I also understand that my autonomy and health is my own responsibility as is additional support during or after the workshop.

Signature: _____ Date: _____