



Please bring this form with you to your appointment.  
Please take a moment to read the cancellation policy on the last page.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone (primary): \_\_\_\_\_ Secondary: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Physician (With Phone Number): \_\_\_\_\_

Whom can I thank for referring you: \_\_\_\_\_

What is your primary and/or secondary reason for booking this session?

Describe your physical and mental responsibilities at home and work:

What physical activities do you participate in?

How would you describe your life? What are you working on? What is your focus?

What is your biggest challenge right now?

List your strengths that will help you move through this challenge:

What do you hope to gain by practicing therapeutic yoga?

What dream do you wish to accomplish in the next year?

Please let me know any past or current medical conditions. Conditions like hypertension, low blood pressure, diabetes, cardiovascular disease, osteoporosis, osteopenia, detached retina, glaucoma, carpal tunnel syndrome, past rotator cuff injury, and anything else you feel I need to know:

Please list your medications and herbal supplements, and tell me the purpose of each.

What other forms of treatment are you using /have you used? Are they working? Did they work? (ie physical therapy, chiropractic, massage, body talk, reflexology, acupuncture, osteopathy, etc)

### **Acknowledgement and Waiver**

I, \_\_\_\_\_, declare the above information to be accurate and true. I have consulted with my doctor before beginning this program. I acknowledge that I understand that Yoga is not a medical procedure, and that the Yoga Teacher will not be providing a diagnosis of any medical problems or concerns that I may have. I understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the Yoga Teacher of any activity or movement which I cannot safely perform, and that I will not perform any activity or movement which increases my tension or pain or is likely to cause me to injure myself. I agree to hold the Yoga Teacher harmless from any and all responsibility for any injury which I may sustain during or as a result of my Yoga sessions. I acknowledge that fees are non-refundable and non-transferrable. I understand that I may receive e-mail or other communications from time to time unless and until I indicate I no longer wish to receive such information.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Cancellation: I understand that life happens and schedules change. To help other clients book in, please notify me at least the business day before your appointment, **before noon**. Thank you for understanding that appointments cancelled after this time will be **charged in full**.