

YOGA & MORE

with lisa marie

NEW CLIENT INTAKE FORM

Name: _____ Birthdate: _____ Today's Date: _____

Home Ph # _____ Cell # _____ Email _____

Address: _____

How did you find out about me & my services? _____

What is your reason for seeking treatment?

What do you hope to gain from this session?

Do you have a primary complaint or symptom? If so what is the history of this complaint/symptom?

Do you have a secondary complaint or symptom? If so what is the history of this complaint/symptom?

If you *currently have* any of the following *symptoms* please put a 'C' in the blank. If you've had any of the following *symptoms in the past*, please put a 'P' in the blank. If you've never had the symptom please leave the blank open.

___ high blood pressure	___ high stress	___ depression
___ low blood pressure	___ nervousness/anxiety	___ insomnia
___ high cholesterol	___ chronic constipation	___ varicose veins
___ heart/circulatory disease	___ frequent headaches	___ cancer
___ organ disease	___ fatigue/weakness	___ diabetes
___ chronic indigestion	___ hormone imbalance	___ irritable bowel
___ peptic ulcer	___ other: _____	
___ irregular menstration	Are you now or could you be pregnant? _____	

Please elaborate on any history of health problems, past or upcoming surgeries or current medications:

Below are statements requesting information about your lifestyle habits. Please share whatever information you are comfortable sharing. The more information you are able to provide me with the more complete picture I have about who you are and how I can help you with any issues you are currently experiencing.

Please describe your eating habits:

Please describe your caffeine/nicotine/alcohol/drug intake:

Please describe your exercise habits:

Please describe your sleeping habits:

Please comment on any stresses currently present in your life (family, work, friends, personal, etc.)

Please include any additional information you feel would be helpful:

SA: Strongly Agree A: Agree N: Neutral D: Disagree SD: Strongly Disagree

- | | | | | | |
|---|----|---|---|---|----|
| 1) I am primarily here for relaxation. | SA | A | N | D | SD |
| 2) I am here to improve or maintain my overall health..... | SA | A | N | D | SD |
| 3) I am here to improve a specific health concern..... | SA | A | N | D | SD |
| 4) I would like work done on my whole body..... | SA | A | N | D | SD |
| 5) I would like you to focus your work on my area of concern..... | SA | A | N | D | SD |
| 6) I receive bodywork on a regular basis..... | SA | A | N | D | SD |
| 7) I receive bodywork on at least a monthly basis | SA | A | N | D | SD |
| 8) I welcome conversation during our session..... | SA | A | N | D | SD |
| 9) I would like feedback about my body during or after the session.... | SA | A | N | D | SD |
| 10) I am open to integrating multiple healing methods during my session. | SA | A | N | D | SD |
| 11) I would like suggestions about what I can do for myself between sessions. | | | | | |
| | SA | A | N | D | SD |

Massage Liability Release Form

Thai Yoga Therapy should not replace treatment or consultation with a qualified physician or therapist.

On rare occasions clients may have adverse reactions to Thai Yoga Therapy. These symptoms may include, but are not limited to headaches, dizziness, muscle soreness, and slight bruising. You are in complete control of the session and if you feel discomfort or any unpleasant symptoms at any time, please inform me so I can correct the situation or discontinue. By signing this release you agree not to hold me liable for any unforeseen adverse effects that may occur.

Thai Yoga Therapy is an intimate art form which requires the close contact of client and practitioner. I respect your privacy completely and remind you that you remain in complete control of the session at all times. If you feel uncomfortable at any time, for any reason, please inform me immediately, so that I may take direct action to remedy the situation or discontinue the session, whichever you prefer.

Your session will be conducted in utmost confidentiality. Any personal information shared during the session or on the Client Intake Form will not be shared with anyone for any reason.

By signing this form you acknowledge that you have read and agree to the above.

Signature: _____

Date: _____