

*ReBalance Yoga Therapy*

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| --- | --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  | **Date:**  |
| **Date of Birth:** |  | **Address:** |  |
| **Phone Number:** |  | **Email:** |  |
| **Emergency Contact:** |  | **Relationship:** |  | **Phone:** |  |
| **Occupation:** |  |
| **How did you hear about RBYT?** |  |
| **Have you practiced yoga before?** | **Never:** |  | **A few times:** |  | **More than 10:** |  |
| **What is your main reason(s) for coming to yoga therapy?** |  |

**YOUR HEALTH INFORMATION:**

**Please indicate if you have experienced, or are experiencing any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| High / Low blood pressure |  | Cardiac / Circulatory Problems |  |
| Headaches |  | Pregnant |  |
| Insomnia |  | Seizures |  |
| Sciatica |  | Scoliosis |  |
| Parkinson’s |  | Alzheimer’s |  |
| Arthritis |  | RA |  |
| Osteoporosis |  | MS |  |
| Constipation |  | Digestive Issues |  |
| Dizziness / Vertigo |  | Asthma / Breathing Issues |  |
| Injury |  | Cancer |  |
| Anxiety |  | Depression |  |
| Trauma |  | Perceived stress level 1-10? |  |
| **Pain in any of the following areas:** |
| Neck |  | Jaw |  | Sinuses / Ear |  |
| Shoulder |  | Elbow |  | Wrist / Hand |  |
| Hip |  | Knee |  | Ankle / Foot |  |
| Lower Back |  | Mid Back |  | Upper Back |  |

**Any emotional issues I should be aware of?**

**Any significant lifestyle changes in the last 12 months?**

**Please discuss current & previous physical, mental, or medical concerns that have brought you to yoga therapy or may currently limit or impede your yoga practice:**

**Current medications?**

**Are you under the care of a doctor(s)?**              **Please list:**

**Please add any other pertinent details below**

**Please read carefully and sign the following agreements:**

I, (print name), understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort I will listen to my body, adjust or change the posture and inform and seek assistance from my therapist.

I know that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I also know that all suggestions made by Lisa Manheim are just suggestions and I am responsible for doing my own research and consulting a doctor before starting any new regimes, including yoga. I understand that yoga is not safe under certain medical conditions and take full responsibility for making the informed decision to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Lisa Manheim and RBYT.

**Signature:** **Date:**