

Coastal Yoga Therapy
Confidential Client Information Form

Name: _____ Date: _____

Phone number: _____ Email: _____

Address: _____

Date of Birth: _____ Profession: _____ Referred by: _____

Emergency Contact: _____

Are you currently taking medication? _____

Describe any special medical conditions _____

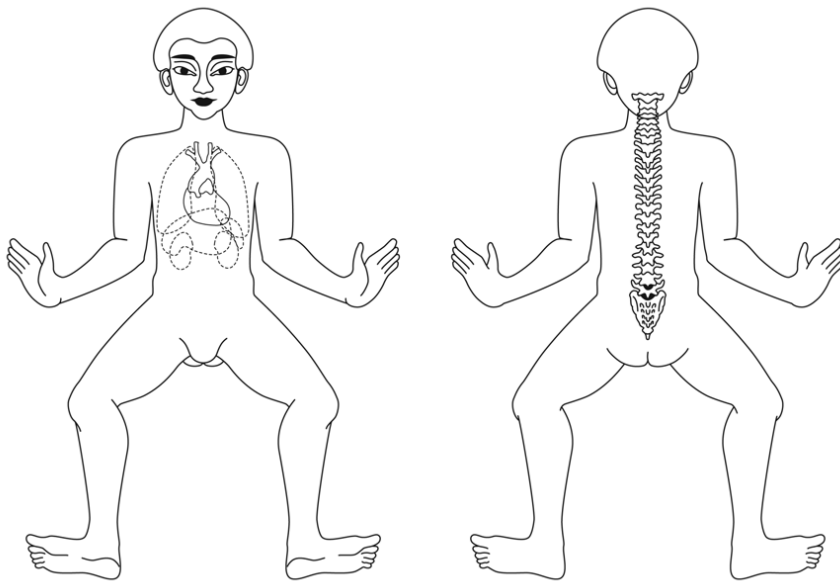
Indicate if any conditions apply: surgeries spinal/disc problems heart problems

High blood pressure osteoporosis hernia fractures arthritis wear contact lenses

pregnancy back pain neck pain broken bones/fractures constipation diarrhea other

Describe fully any of the above conditions:

Circle any problem areas and indicate: Tension "T", Pain "P", Surgeries, "S".



Do you have any restrictions in movement? _____

Are you doing any exercises regularly? _____

Are there any movements or stretches that you think may be harmful? _____

What are your goals with yoga therapy and/or thai massage? _____

Do you have any other comments or requests? _____

Client Consent and Agreement - Please read and sign below

1. It is agreed and understood that Yoga Therapy and Thai Massage are alternative or complementary practices and are not meant to diagnose, treat or remedy any illness, disease, injury, physical condition or mental disorder.
2. A yoga therapist is not a medical doctor. Yoga therapy does not replace the need for a medical exam and should not be used to defer seeking advice from a trained medical professional.
3. **Except in cases of emergency, I agree to pay for all sessions which are not cancelled at least 24 hours in advance.**
4. The practitioner is a Registered Thai Therapist (RTT) in the Thai Healing Alliance, however the practice of all forms of body therapy are subject to local laws and ordinances.
5. In consideration of being permitted to participate in Yoga Therapy and/or Thai Massage I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
6. In further consideration of being permitted to participate in Yoga Therapy and/or Thai Massage, I knowingly, voluntarily and expressly waive any claim I may have against Kate Marvel, Greg Schultz, and Coastal Yoga Therapy and Thai Massage, for injury or damages that I may sustain as a result of participating.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPANT _____ DATE _____