

GLENMORE YOGA & WELLNESS CENTER

Client Information

The purpose of this form is to gather relevant information to design a personalized treatment program that will meet your individual needs.

NAME: _____ DATE: _____

ADDRESS: _____
City Zip

E MAIL: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ HOW DID YOU LEARN ABOUT US? _____

HEIGHT: _____ WEIGHT: _____ BIRTH DATE: _____
Prenatal Moms List Due Date

HAVE YOU TAKEN A YOGA CLASS BEFORE? _____ HAD A MASSAGE BEFORE? _____

ARE YOU CURRENTLY UNDER THE CARE OF A HEALTH PROFESSIONAL? _____

IF YES, LIST NAME & SPECIALITY: _____

WHAT TYPES OF EXERCISE DO YOU ENGAGE IN & HOW OFTEN? _____

PLEASE CIRCLE ANY OF THE FOLLOWING CONDITIONS YOU ARE EXPERIENCING:

HYPOGLYCEMIA
HEART AILMENT
INFECTIOUS CONDITION
SLEEPLESSNESS
CANCER
CHRONIC/ACUTE PAIN
NECK/SPINE INJURY
FIBROMYALGIA

HEADACHES
PHLEBITIS
DIABETES
FLU/COLD/FEVER
T.M.J. SYNDROME
ALLERGIES
DIGESTIVE PROBLEMS
OSTEOPOROSIS

SKIN DISORDERS
PMS SYMDROME
PREGNANCY
CARPEL TUNNEL SYNDROME
VARICOSE VEINS
HIGH BLOOD PRESSURE
ARTHRITIS
JOINT DISCOMFORT

OTHER CONDITIONS: _____

GLENMORE YOGA & WELLNESS CENTER

Agreement of Release and Waiver of Liability

I agree to the following:

1. If I experience any discomfort during the yoga class/massage I will immediately notify the instructor/therapist. I understand that yoga and massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment. Because yoga and massage should not be done under certain medical conditions, I have stated all my known medical conditions, and answered all questions honestly. I agree to keep my record updated with changes in my medical profile and understand there shall be no liability on the part of Glenmore Yoga and Wellness Center should I not do so.
2. If participating in yoga classes, I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I state that I am physically fit and have no medical conditions that would prevent my participation in yoga classes. 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 classes.
3. I knowingly, voluntarily and expressly waive any claim I may have against Glenmore Yoga and Wellness Center for injury or damages that I may sustain. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Glenmore Yoga and Wellness Center for any injury or death caused by negligence or other acts.

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: _____ Date: _____

Glenmore Office Use Only:
