

FootLove Yoga
307 S. 12th Ave. Suite #20
Yakima, WA 98902
865-235-8278
footloveyoga.com

Health Intake Form

Name: _____ Date of Birth _____ Age: _____

Address: _____

Phone: _____

Email address: _____

Emergency Contact & Phone:

Physician's Name & Phone:

Whom may I thank for referring you?

*Please provide 24 hours notice if you need to cancel or reschedule your appointment.

*Payment is required at the time of service.



Name: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please mark YES or No to the following:

YES NO

Do you have a heart condition that restricts physical activity? _____

Do you feel pain in your chest when you perform physical activity? _____

In the past month, have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone or joint problem that could be made worse by a change in your physical activity? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

*If you answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity and seek advice from your physician on what type of activity is suitable for your current condition.

Name: _____

General & Medical Questionnaire

What concerns bring you to see me today?

In what ways/areas do you feel like you are expressing *good* health?

Tell me about how you spend your time - work, fun, exercise.

Name: _____

General & Medical Questionnaire Cont.

What would you be doing if pain or your current concern was less of a problem for you?

What would you like to accomplish during our work together?

Participant Release and Knowledge of Agreement

1) I, _____, wish to participate in the yoga and movement program offered by FootLove Yoga. I understand there are inherent risks in participating in a program of exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that FootLove Yoga shall not be liable or responsible for any injuries to me resulting from my participation in the movement program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or fitness facility) and I expressly release and discharge FootLove Yoga, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform the instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the instructor.

I have read and understand this term: _____ (initial)

4) I understand the results of any exercise program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

5) I understand that FootLove Yoga operates on a scheduled appointment basis for all personal sessions and thus, requires that I provide 24 hours notice when canceling an appointment.

I have read and understand this term: _____ (initial)

6) I understand that during an exercise session, the instructor may have to use touch to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with touch, I will immediately request that the instructor discontinue using this technique.

I have read and understand this term: _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

DATE