



Student Information Form

*This information will be kept strictly confidential.
Please answer questions as thoroughly as possible.*

Date ____/____/____

Name _____

Address _____

Date of Birth ____/____/____

Phone (____) _____ Email address _____

Best way to reach you – circle one: Phone: Voicemail Phone: Text Email

Emergency Contact Name /Relationship / Phone _____

What are your primary reasons for seeking yoga therapy?

1. _____
2. _____
3. _____

Please place an "X" next to anything you are currently experiencing			
Musculoskeletal	Cardiovascular	Neurological	Endocrinological
Neck/Back/ Joint Pain or Issue	High / Low Blood Pressure	Parkinson's Disease	Low Blood Sugar
Stiffness	Heart Palpitations	Headache	HBS/Diabetes
Fibromyalgia	Heart Murmur	Migraines	Thyroid Issues
Osteoporosis/ Osteopenia	Other:	Insomnia	Other:
Arthritis	Circulatory	Depression	Gynecological/ Urological
Physical Trauma	Bruise Easily	Anxiety	Breast Issues
Repetitive Stress Injury	Varicose Veins	Gastrointestinal	Possible Pregnancy
Respiratory	Swollen or Painful Lymph Nodes	Diarrhea	Positive Pregnancy Trimester ____
Lung Issues	Poor Circulation	Constipation	Peri/Post-Menopausal
Allergies		IBS	Prostate Issues
Other:			

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Medications and Treatments	
Are you currently taking any medications and/or receiving any medical treatment for your health condition(s)? If so, please list all medications/treatments and the dosage:	
Type of Medicines / Treatments	
Prescription Medicines	
Over the Counter Medicin	
Herbs / Vitamins	
Treatments	

Physical Condition

How would you describe your overall health? _____

How often do you exercise?

1x/week 2x/week 3x/week 4x/week Every day Not at all

How long do you exercise? _____ What type of exercise? _____

Is your exercise? (choose one) Vigorous Moderate Light

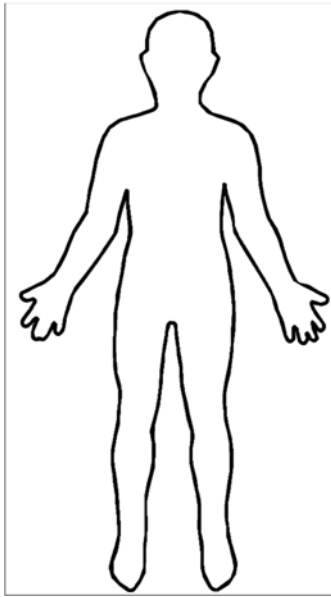
What other physical activities/sports do you participate in?

Please indicate frequency (times per week).

Activity	Times per week

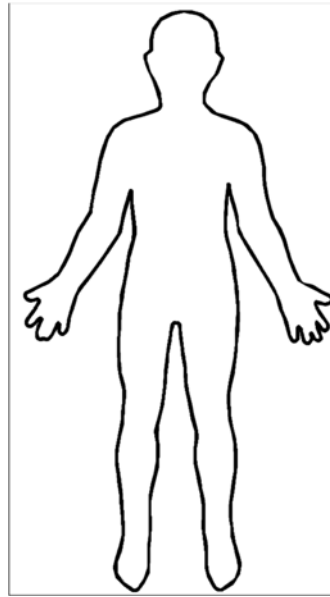
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On the diagram below, if you are experiencing pain, please show the location of your pain/discomfort/stiffness and use the following symbols to describe it:



FRONT

Dull	●
Sharp	×
Numb	◇



BACK

Does anything make your pain/discomfort better? _____

Does anything make your pain/discomfort worse? _____

Is there a daily pattern to your symptoms? _____

Is there anything else I should know about you? _____

Please use this space to inform me of any questions you may have relative to your full participation in yoga therapy.

Please notify me of any changes to your health, including medications, recent falls, difficulties, etc. limitations you have that would inhibit your ability to participate fully in your session/class.

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Release of Claims

I (client/participant) understand that yoga therapy includes physical exertion and stretching, and I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or pain I might experience in the practice of yoga. As is the case with any physical activity, 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 the posture and ask for support from the instructor. I understand and accept that to properly teach and correct yoga technique, physical contact between myself and my instructor (Suzanne Drolet) may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

On my behalf and of that of my predecessors, successors, assigns, heirs, estate, executors, administrators, employees, representatives and each of them, I irrevocably and unconditionally release and forever discharge Suzanne Drolet and partners, co-owners, assigns, heirs, successors, attorneys, consultants, insurers, agents, family members, nominees, administrators, and representatives, past present and future (collectively referred to as "Released Parties"), from any and all charges, complaints, promises, agreements, controversies, suits, rights, demands, costs, losses, debts, actions, causes of action, claims, judgments, obligations, damages, liabilities, and expenses of any kind and character, including attorney's fees and costs, both in law and in equity, for any bodily injury which is caused by, arises out of, results from, or is in any way connected with or related to (1) **my participation in any class**, of any kind or nature whatsoever of any of the Released Parties, (2) **my use or possession of any classroom, studio, premises, prop or supplies** of any kind or nature whatsoever of any of the Released Parties, whether owned, leased, maintained, supervised, or provided by any of the Released Parties, or (3) **my receipt of any yoga or any other services** of any kind or type whatsoever from any of the Released Parties.

GENERAL RELEASE OF KNOWN AND UNKNOWN CLAIMS. I acknowledge that the releases herein apply to any and all actions, liabilities, claims, demands and obligations, whether known or unknown, foreseen or unforeseen, patent or latent, or mature or unmatured, that I may have at any time in the future against the Released Parties, and I hereby expressly waive application of Civil Code section 1542. I certify that I have read the following provisions of Civil Code section 1542:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I acknowledge that the significance and consequence of this waiver of Civil Code section 1542 is that even if I should eventually suffer damages relating to claims that currently exist or claims which may not exist until the future, I will not be able to make any claim for those damages. I future acknowledge that I intend these consequences even as to claims for

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damages that may exist as of the date of this release, which I do not know exist, as well as to claims for damages which may arise in the future, which, if known, would materially affect my decision to now agree to this release, regardless of whether my lack of knowledge is the result of ignorance, oversight, error, negligence, or any other cause.

Initials _____

Privacy Policy

If you provide me your personal information (for example, your name or email address), I will only use it to provide you the services you requested and to send you emails from my blog and newsletter. I will never share your personal information with any third parties.

Initials _____

Cancellation Policy

I am committed to providing all of my clients with exceptional care. When a client cancels without giving enough notice, they prevent another client from being seen. Private yoga and yoga therapy sessions have a 24-hour cancellation policy.

Students will be expected to pay the full cost of a session if less than 24-hour notice is given. Please call me at 510-846-8814 24 hours prior to your scheduled appointment to notify me of any changes or cancellations. To cancel a Monday appointment, please call me by 5:00 p.m. on Friday. If prior notification is not given, you will be charged the full amount for the missed appointment. I, Suzanne Drolet, agree to do the same on my end and will not cancel an appointment unless it is absolutely necessary (if I am sick or unable to be present for you).

Initials _____

I have read and agree to all the terms and conditions set forth in the Release of Claims, Privacy Policy and Cancellation Policy, as described above.

Signature _____

Date ____/____/____

Please print name _____