



Intake Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

Emergency Contact: _____ Phone _____

Please list your goals for Yoga or therapy session:

- A) The Yoga & or physical therapy treatment or sessions I will participate in have been fully paid for in advance.
 - B) I understand and am aware that strength and flexibility exercises associated with Yoga and/or physical therapy can be a potentially hazardous activity. I am voluntarily participating in these activities.
 - C) I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would limit my participation. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.
 - D) I recognize that I am protected by patient privacy laws and hereby authorize Melissa Valentine to only release my records to my referring physician's office for the purposes of facilitating improved quality and continuum of care.
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DO YOU HAVE A HISTORY OF:

- Back pain
- Neck pain
- Osteoporosis or Osteopenia
- Pinched nerve.
- Sciatica
- Hamstring or Quadriceps tightness
- C-Section or abdominal surgery
- Hernia
- Fibromyalgia
- Other Surgeries: (List: _____)

Any other condition or surgery which may preclude you from performing the some of the exercises. Please explain:

List any prior yoga or physical therapy experience:

I agree to be bound by the reasonable rules and regulations set forth by the instructor &/or physical therapist for safe participation in Yoga &/or receipt of physical therapy, and that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators, and assigns.

participant and/or patient signature _____ **date** _____

Medical Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more physically active than you are now, start by answering the questions below. If you are between 15-69 years of age, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

- yes** **no** **1)** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- yes** **no** **2)** Do you feel pain in your chest when you do physical activity?
- yes** **no** **3)** In the past month, have you had chest pain when you were not doing physical activity? . . .
- yes** **no** **4)** Do you lose your balance because of dizziness or do you ever lose consciousness?
- yes** **no** **5)** Do you have a bone or joint problem that could be made worse by a change in your physical activity?.
- yes** **no** **6)** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?.
- yes** **no** **7)** Do you know of any other reason why you should not do physical activity?
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If you answered **YES** to one or more of these questions. Talk with your doctor by phone or in person **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the questionnaire and which questions you answered **YES**.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered **NO** honestly to all the questions, you can be reasonably sure that you can:

- Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better: or
 - If you are or may be pregnant - talk to your doctor before you start becoming more active.
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Medical Questionnaire (cont)

- yes** **no** **8)** Have you ever had a history of respiratory or lung problems?
- yes** **no** **9)** Are you currently on any medications that directly affect the heart, lungs, or circulatory system (i.e. Blood Pressure Medications)?
- If yes, Please list:
- yes** **no** **10)** Do you have high cholesterol? .Don't know (if so, circle)
- yes** **no** **11)** Do you know what your cholesterol scores are?.Total Cholesterol? .HDL?
- yes** **no** **12)** Do you have a chronic illness or condition?
- yes** **no** **13)** Do you have a hernia, or any condition that may be aggravated by lifting weights?
- yes** **no** **14)** Do you smoke? If yes, how many packs a day? .
- yes** **no** **15)** Have you had surgery within the past 12 months?
- yes** **no** **16)** Do you have a thyroid problem?
- yes** **no** **17)** Are you currently pregnant or have been within the past 3 months?

If you have answered YES to any of the above questions, please explain below and we may ask you to have your physician complete the Physician Release form on the following page. Also, please list any information that you feel we should know before setting you up on an exercise program:

Emergency Contact: _____ relationship: _____

Phone: _____ Alternate phone or contact: _____

Physicians Name: _____ Phone: _____

Address: _____

I understand this Medical History Questionnaire serves as a preliminary screening resource to assist our professionals in the determination of member risk to exercise. If the information above indicates an increased risk for exercise, I authorize Discover Yoga Therapy to contact my physician for approval and recommendations for my exercise program. If I am at risk and have not received medical clearance, I understand I cannot engage in any classes, sessions, or physical therapy test or treatment or receive recommendations from any staff member. I will participate in private sessions &/or classes aware of my risk and may seek only instructional advice from the staff. I agree that the studio shall not be liable for any injuries or damages arising from the use of the studio. If member is under 18 years of age, this consent must be signed by a Parent/Guardian.

Signature: _____ **date:** _____