

Mind. Body. Soul. Holistic Therapy

YOGA INTAKE FORM - CONFIDENTIAL INFORMATION

Welcome! We would like to make your yoga experience with Mind. Body. Soul. as effective and enjoyable as possible. If at any time you have questions regarding your session, please let us know.

Name _____ Date of birth _____

Address _____

City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address _____ Occupation _____

Emergency Contact (name, #) _____ How did you find us? _____

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ☐ No ☐ Yes Date of last class/practice _____

If yes, how often do you practice yoga? ☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ N/A

Style(s) of yoga practiced most frequently: (select all that apply)

☐ Hatha ☐ Ashtanga ☐ Vinyasa Flow ☐ Iyengar ☐ Power ☐ Hot ☐ Kundalini
☐ Gentle ☐ Restorative ☐ Yin ☐ Nidra ☐ Other _____

What are your goals/expectations for your yoga practice? What benefits are you looking for? Check all that apply.

☐ Improve Fitness ☐ Increase well-being ☐ Injury rehabilitation ☐ Positive reinforcement

Other, please explain: _____

Personal Yoga Interest: Check all that apply.

☐ Asana (forms or postures) ☐ Pranayama (breathwork) ☐ Meditation

☐ Other, please explain: _____

LIFESTYLE

How do you rate your current level of activity? Check one.

☐ Sedentary/Very Inactive ☐ Somewhat Inactive ☐ Average ☐ Somewhat Active ☐ Extremely Active

On a scale of 1 to 10, how would you rate your level of stress? 1 is the lowest and 10 is the highest. _____

What is your greatest stressor? Please explain: _____

Name _____

PHYSICAL HISTORY

Please review this list and check those conditions that have affected your health either recently or in the past.

Broken/dislocated bones	Diabetes type 1 or 2	Pregnancy (EDD _____)
Muscle strain or sprain	High/low blood pressure	Surgery
Arthritis, bursitis	Insomnia	Seizures
Disc problems	Anxiety/depression	Stroke
Scoliosis	Asthma, shortness of breath	Heart conditions, chest pain
Back problems	Numbness, tingling anywhere	Autoimmune condition*
Osteoporosis	Cancer	<i>*Aids, fibromyalgia, chronic fatigue, lupus, etc.</i>

Other please explain: _____

Are you currently under medical care? Yes No

If yes, please list doctor's name and phone number _____

Are you currently taking any medications? Yes No

If yes, please list the name and reason for medication _____

If anything on this form needs to be detailed, or if there is anything else to share, please do so: _____

Do you have allergies? Yes No If yes, please list: _____

_____ Initials

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WHAT YOU NEED TO KNOW

WELCOME! HOW TO PREPARE FOR YOUR SESSION

- Wear comfortable clothing that allows a full range of body movements. You do not need specific yoga attire.
- Yoga is traditionally done without shoes and socks. Yoga socks are a good alternative if you prefer something on your feet, but not required.
- Yoga mat provided. You are welcome to bring your own.
- When possible, avoid full meals one+ hours prior to your session.
- Set your cell phone on mute or turn it off before your session or training begins.
- Try not to wear fragrances or lotions.
- Let your facilitator know about any new injuries, aches/pains, or if you are pregnant since filling out your intake form.
- Smile, you've got this!

OUTLINE OF POLICIES AND PROCEDURES

Disclaimer & Waiver

All clients will be asked to complete a liability waiver before the start of the initial session. The waiver is a protection for both client and provider.

Support

Support between sessions is available via email. Emails are answered periodically throughout the business day and can take up to 24 hours to respond during a typical business week. Please note on weekends and days off; email communication is limited.

Cancellations

All cancellations should be made within 24 hours of notice. In the case of sudden illness or emergency, be sure to contact Holly Whalen as soon as possible via text at 404-222-5686. Re-scheduling will depend on session time availability. Late Cancellations will be assessed at \$75, and No Shows will be charged at the regular session rate. A credit card will be kept on file for these charges. If the session is pre-paid the time will be taken from the package.

_____ Initial

Pricing

Pricing is set by an hourly session rate. Payment can be on a session-by-session basis or purchased and scheduled as a bundle package. Pricing for extended sessions can be arranged on an individual basis. Workshop rates vary.

_____ Initial

Payment

Payment is due prior to or at the time of service, depending on your scheduled sessions. Payments are taken online on PayPal, Venmo, and Cash App, or in person with a credit card.

_____ Initial

Mind. Body. Soul. Holistic Therapy

Mind. Body. Soul. Holistic Therapy (MBSHT) Information, Disclaimer & Waiver

Mind. Body. Soul. Holistic Therapy (MBSHT) Information

We are delighted to have you as a client at Mind. Body. Soul. Holistic Therapy. The following information will help you get the most out of your session and clarify our facilitator/client relationship.

We believe that yoga is more than physical exercise. It is a transformative practice that integrates physical, intellectual, emotional, and spiritual elements to arrive at deeper levels of relaxation and awareness.

Awareness is fundamental to the practice of Yoga. I understand that yoga involves some 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 discomfort I might experience in the practice of yoga. I agree to inform my yoga facilitator of any activities or movements, which I feel could cause injury to myself. I understand and accept that to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

Mind. Body. Soul. Holistic Therapy and the facilitators, nor Sandy Springs Psychological Associates shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in classes or sessions. I agree to listen to my body and monitor myself during every yoga session.

Would you like to be contacted by email for announcements, classes, and workshops? Yes No

Mind. Body. Soul. Holistic Therapy (MBSHT) Disclaimer & Waiver

I hereby consent as a participant in Mind. Body. Soul. Holistic Therapy sessions and agree to assume all of the risks involved. I release Mind. Body. Soul. Holistic Therapy from any known or unknown injury, accident, or hazard, previously, during, or after participation in a Mind. Body. Soul. Holistic Therapy session and/or training or related activities; and that I cannot hold Mind. Body. Soul. Holistic Therapy, affiliated Mind. Body. Soul. Holistic Therapy teachers, location, or location host, personally responsible for any liability.

_____ (Initial)

I recognize that any form of physical activity has potential risk of injury. I hereby affirm that I am voluntarily participating in a Mind. Body. Soul. Holistic Therapy activity with the knowledge of the risk involved. I assume and accept any and all risks of injury and hazards.

_____ (Initial)

I hereby affirm myself to be in physical condition to practice with Mind. Body. Soul. Holistic Therapy with no medical condition or injury preventing me from participating. I declare that I have disclosed any and all medical issues to Mind. Body. Soul. Holistic Therapy and/or their affiliates relevant to participation, or have been cleared by a physician to participate in sessions and/or training.

_____ (Initial)

SIGNATURE _____

DATE _____