

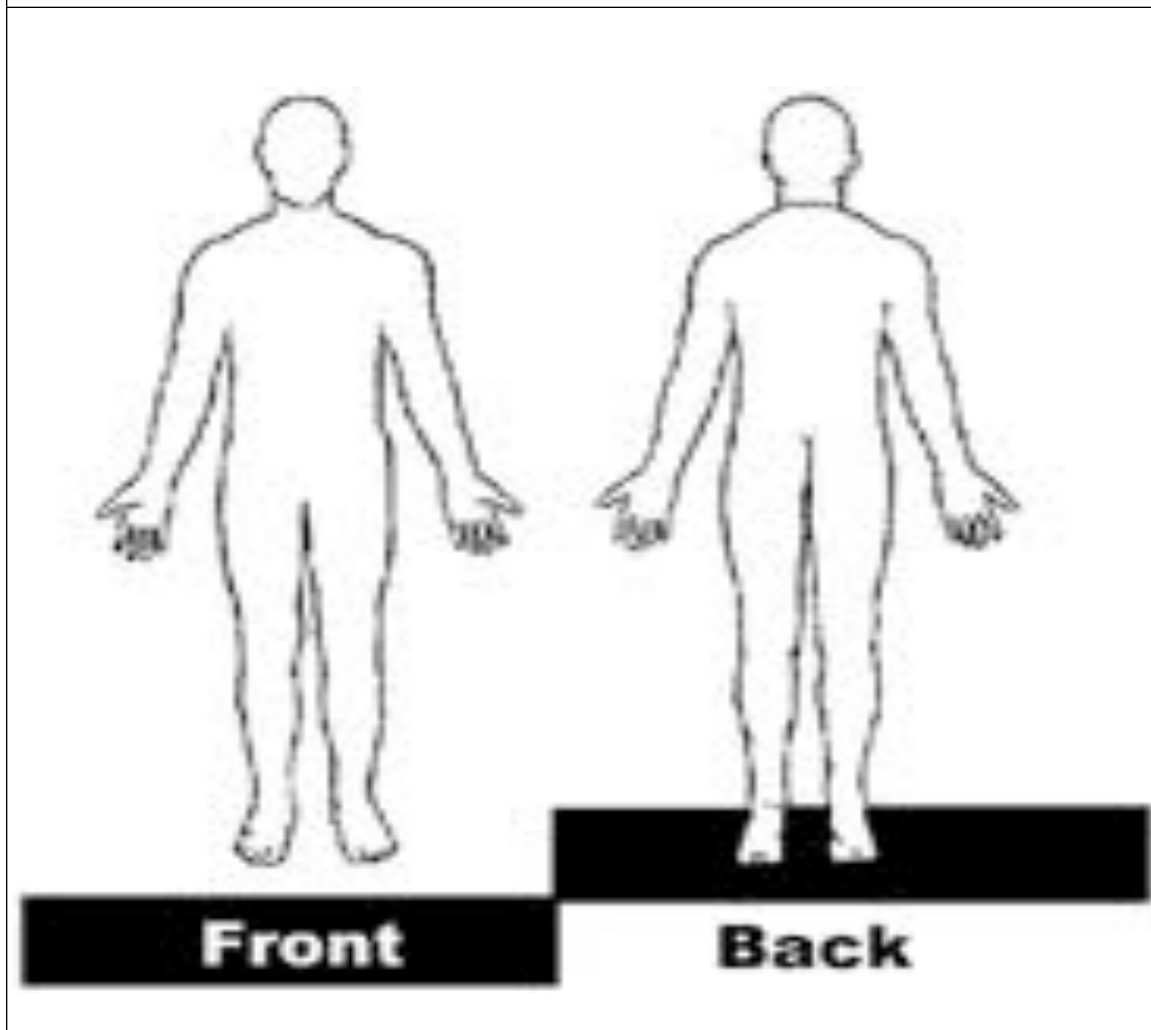
THERAPEUTIC YOGA Intake FORM

Name	Date	Age
Phone	Email	
Address	Emergency Contact	
<p><i>Please read this form over and then fill out those questions which are applicable and feel comfortable. Imagine this as a bridge between you and me. With some extra insight into your experience, some descriptive adjectives for your sensations, we can create something that will be yours to use for your continued healing and growth.</i></p>		
<p>Occupation: Most common position at work, ie sitting:</p>		
<p>Reason(s) for visit? Date of onset of worst pain:</p>		
<p>Do you exercise presently? (Y/N) How?</p>		
<p>What may have precipitated this injury or pain?</p>		
<p>Do you practice yoga (Y/N) For how long? If yes, list postures that aggravate your discomfort.</p>		
<p>Is sleep interrupted by pain? (Y/N) By anything else? Do you go to sleep in pain? (Y/N) Do you awaken in pain? (Y/N)</p>		
<p>Are there any other medical conditions or medications that I should be aware of?</p>		
<p>What would you like to see happen in your therapy? Specifically, and short term? Globally and long term?</p>		
<p>Is there anything else you'd like me to know before we start our work?</p>		

Step One: On the body chart below, place the most appropriate symbol where your pain or discomfort occurs. Use:

- /// for sharp pain
- ooo for dull pain
- xxx for burning or radiating pain
- === for numbness

Step Two: Using a 0-10 scale, give each place you mark on the body, a range, like 0-3, or 3-7 showing the worst and the best in most days.



Therapeutic Yoga Consent and Waiver Form

I, _____, consent to engage in Yoga therapy for my health problem. I understand that Yoga Therapeutic methods are based on principles of Yoga, scientific data, and the experience of Yoga teachers, and they are not, as yet, considered standard treatments in mainstream medicine or physical therapy. I understand that I should consult with my physician and obtain consent prior to beginning therapy. I also understand that I am being advised to consult a physician if I have not done so.

I understand that during Yoga Therapy sessions, I will complete activities designed for my condition. I understand touching or positioning of my body may be necessary to ensure I am using the appropriate procedure and I expressly consent to such physical contact. If I do not wish to be touched, I will initial the consent form here to notify the therapist, so a joint decision can be made about whether it is appropriate to continue practice with that limitation ().

Yoga therapy is a holistic approach designed to benefit my health-related concern but that the treatment cannot be guaranteed to be successful. Progress will be monitored by my therapist over the course of sessions. I understand my Yoga therapist is not a physician and Yoga therapy is complementary to medical practice, and Yoga therapies are not licensed by the state.

I understand that information obtained regarding my health or personal history will be treated as privileged and confidential by my therapist and will not be released to any person without my express consent, except as required by law. I understand that my therapist may consult with other Yoga therapists or health professionals about my progress to help improve my treatment. In so doing, my identity will not be revealed. Finally, I understand that I am encouraged to ask questions and discuss my progress with the therapist at all times.

I understand Yoga Therapy includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that I am the best judge of evaluating my own body pain and physical limitations. 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 that my Yoga Therapist may assist me in yoga postures, but I will not attempt any postures that are beyond my physical capability. Yoga is not a substitute for medical attention, examination, diagnosis or treatment and may not be recommended or safe under certain medical conditions. I affirm I alone am responsible to decide whether to practice yoga and participate in therapeutic sessions. I hereby agree to irrevocably release and waive any claims I may have now or hereafter may have against Amir Tahami.

Signed

Date