



## **Intake Form – Group Movement Class**

### **Personal Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone number \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Phone number \_\_\_\_\_

### **Personal History**

List any major illness or hospitalization within the last two years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications are you taking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been treated for any health conditions in the last year? \_\_\_\_\_

\_\_\_\_\_

List any other health problems or chronic diseases, no matter how insignificant they may be: \_\_\_\_\_

\_\_\_\_\_



## Social History

Do you do any of the following on a regular basis?

Exercise \_\_\_\_\_

Have trouble sleeping \_\_\_\_\_

Consume caffeine \_\_\_\_

Receive bodywork, (massage) \_\_\_\_\_

Experience a lot of stress \_\_\_\_

Take vitamins or other supplements

Drink alcohol \_\_\_\_\_

\_\_\_\_\_

Use tobacco products \_\_\_\_\_

If you checked any of the above, please detail frequency, type, etc... (Relevant information) \_\_\_\_\_

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What are your hobbies and/or daily activities? This will help me design movement practices that support your life.

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## Legal Responsibility

Under the laws of the United States and the state of Virginia your Personal Health Information (PHI) must be kept private. It is also required by law to give you this notice and to follow the terms of this notice while it is in effect.

Changes in these privacy practices are allowed at any time as long as those changes are permitted or required by law. Any changes in these privacy practices will affect how the privacy of your PHI is protected, including any PHI received about you or created in the course of your therapy. These changes could also affect the protection of the privacy of any of your PHI received before the changes. If changes are made, a new notice will be available to you.



## **Use and disclosure of Personal Health Information (PHI)**

Your PHI will not be used or disclosed for any purpose not listed below, without your specific written authorization. You must give written authorization to disclose your health information to anyone for any reason you want. Any specific written authorization you provide may be revoked at any time by your written request.

- *Health Care Provider* - PHI may be used and disclosed to your physician or other healthcare provider who is also treating you.
- *Appointment Reminders or Cancellations* - You may be contacted by phone or email for reminders. If contact is by phone, a recorded message may be left on your answering machine.
- *Victims of Abuse, Neglect, or Domestic Violence* - Your PHI may be used or disclosed to authorized persons from state agencies in cases of disclosures required by applicable state laws governing abuse, neglect, criminal activities, threats to the health/safety of the client and others, domestic violence, etc. In the case of minor children, the law requires such information to be disclosed.
- *Event of an Emergency* - Your PHI may be disclosed to a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, you will be given an opportunity to object. If you object or are not present or are incapable of responding, your PHI will be used or disclosed in your best interest at that time. In so doing, only the aspects of your PHI that are necessary for response to the emergency will be used or disclosed.

## **Communication**

We are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified; you can be assured that it will only be used in accordance with this privacy statement.

We will not intentionally share the contents of any email or information submitted via the Internet with any third party. However, due to the nature of electronic communications, we cannot and do not provide any assurances that the contents of your email will not become known or accessible to third parties. We urge you not to provide any confidential information to us via electronic communication. Should you choose to communicate via email, the provider contacted will respond to any emails sent until you request that form of communication to cease. Please take all precautions necessary to secure your email should you choose to use it to contact the provider.



## Liability Waiver and Release

This form covers instruction offered by Yvette Ladd at Hillsville Presbyterian Church, 172 S Main St., Hillsville, Virginia 24343.

I hereby agree to the following by signing below:

- I am participating in yoga and other movement instruction offered for donation by Yvette Ladd. I recognize that this class may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding participation in this activity. I represent and warrant that I am physically fit and have no medical condition that would prevent full participation in these activities.
- I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the class. I agree to inform the instructor/teacher of any physical limitations, physical discomfort, and/or injuries before or during classes, and I take full responsibility for nondisclosure.
- In further consideration of being permitted to participate, I knowingly, voluntarily, and expressly waive any claim I may have against Yvette Ladd and Hillsville Presbyterian Church and their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for injury or damages I may sustain as a result of participating in this program.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents, terms, and conditions as stated above.

**Signature:**

**Date:**