

Ostara Yoga and Wellness

CLIENT INTAKE FORM

I appreciate you taking the time to review this information, complete the enclosed form and supply me with the items requested below.

Please fill out this New Client Assessment form prior to your appointment and send it back at least 3 days in advance to julie@ostarayogaandwellness.com. If the form is received the day of our meeting, we may need to spend time reviewing it, which takes time away from your session.

CANCELLATION POLICY

If you need to reschedule or cancel your appointment, please notify us at least 24 hours in advance to avoid a cancellation fee. Any sessions cancelled within 24 hours, will incur the full session fee.

By placing an "x" in the box above and entering your name, you agree to the Cancellation Policy for this session and future sessions. This is required for any and all sessions booked.

INFORMED CONSENT FORM

I, Julie Birrell of Ostara Yoga and Wellness am not a licensed Medical Doctor or therapist. I am a certified Yoga Instructor, Flexologist, and Sound Healer.

My purpose is to provide a safe space for my clients to experience the benefits of yoga. It is always my recommendation for clients to seek out the advice of a licensed health care professional whenever they feel it is necessary in regards to their own personal health, especially with serious conditions.

WHAT TO EXPECT

I agree that Julie cannot be held liable for any problems that might arise from a yoga session. I have stated all of my known medical conditions to Julie and if necessary I will keep her updated on my physical, mental, and emotional health. I release Julie and Ostara Yoga and Wellness from any and all claims of malpractice, non-disclosure, or lack of informed consent.

_____ Date:

By placing an "x" in the box above and entering your name, you agree to the Informed Consent.

HEALTH PROFILE

Name:	Age:
Phone #: (HOME)	(CELL)
Preference: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Full mailing address:	
E-mail Address:	Referred by:
Date of Appointment:	Day of Week: Time:

What is your current health goal/what do you hope to get out of yoga.

AREAS OF CONCERN:

Issue	Severity

What do you believe is/are the cause(s) of these issues?

What have you done thus far to help alleviate these issues?

Are you currently under the care of a physician? If so, what for?

What are your most pressing current physical and health issues (acute and chronic)?

Any past accidents? Operations?

Current physical activity? Gym, sports, walking?

Anything else you think I should know?

