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# Prasanna Chitta Yoga

# Client Consultation Form for Yoga Therapy

(All information on this form will be kept confidential)

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| --- | --- |
| First Name: | Last Name: |
| Address: | |
| Emergency Contact Name: | Emergency Contact Number: |
| Mobile: | Email Address: |
| Date of Birth: | Referral: |
| Occupation: Weight/Height: | |
| Marital status/Children: | |
| Yoga Experience: | |

**Please tick/describe:**

1. Energy level: Excellent  Good  Moderate  Poor  Erratic
2. Fitness level: Excellent  Good  Moderate  Poor  Erratic
3. Sleep onset: Easy onset  Late onset  Inconsistent
4. What is your CURRENT perceived stress level? Low  Moderate  High
5. Bowel Movement: Regular  Irritable  Constipated  Erratic
6. Mensural Cycle: Regular  Irritable  N/A
7. Appetite: Excellent  Good  Poor  Erratic
8. Meal schedule: Regular  Irregular  In a few describe your typical diet
9. Do you smoke? Yes  No  if yes, frequency
10. Do you drink? Yes  No  if yes, frequency
11. Attention level: Highly focused  Moderately focused  Distracted
12. In a week, how frequently you exercise and for how long?

1. What do you hope to get out of your Yoga therapy session?
2. Family history:
   * Mother- Asthma  Arthritis  Cardiac  Mental Health
   * Father- Asthma  Arthritis  Cardiac  Mental Health
3. Please identify any supporters in your life.
4. Are you seeing other health professionals for your conditions? If so, please describe their discipline and how often you see them?
5. Are you currently on any prescribed medication? *Yes*  *No*  Details:
6. Do you have any other physical ailments that you feel the instructor should know about (e.g., a recent injury or surgery)? Please discuss your conditions and any special requirements you may have with your instructor before the class.
7. If this Yoga therapy were successful, how would life look for you?



1. Please circle the areas of your body where you are experiencing discomfort. Describe the type and degree of discomfort; level 1 being little pain, and 10 being server pain (e.g., throbbing knee pain, level 5).
2. How does your condition affect your daily life?
3. What relieves your pain? What increases your pain?

Consent form

To provide quality assessment and therapeutic services, yoga therapist at Prasanna Chitta Yoga will collect and record personal information relevant to your situation.

**Purpose of collecting and holding information:**

Any personal information gathered as part of your assessment and treatment process will be kept securely and, in the interests of your privacy, used only by your yoga therapist and the authorised personnel of the practice (as necessary). Your personal information is retained to document what happens during sessions, assisting your yoga therapist to provide a relevant and informed service to you.

**Disclosure of personal information:**

Personal information gathered by your yoga therapist during the provision of services is considered confidential and will not be disclosed to another party except when your prior approval has been obtained.

**Liability Release Agreement**

I acknowledge that all the information given by me above is true and correct, and that I am participating in the Prasanna Chitta Yoga ‘Yoga Therapy Session/s’ of my own free will. I take full responsibility for participating in this program, its outcome and consequences. I declare that I am physically and mentally fit to participate in these sessions and that I am doing so at my own risk. I release the Prasanna Chitta Yoga organizers and teachers from all damages whatsoever and waive all right to compensation in case of injury.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have read and understood this Consent Form, and I agree to the above conditions for the services provided by:

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Client signature     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date                           /