

Thank you for choosing Laura Jasper for your personal yoga, mind body fitness and coaching. To make your sessions as productive as possible and to get the most out of our work together, please follow these guidelines:

\*Consider your willingness to dedicate daily practice and exercise time between lessons. Just 10-30 minutes a day will maximize progress and optimize our time together. After each session you can request (verbally or e-mail) a specific home practice plan tailored from our session just for you free of charge.

\*Be actively involved in the process. Please ask questions! Inquire if there is anything you do not understand or if there is something specific you want to learn more about.

\*Physical adjustments, assisted stretching, thai yoga massage may be integrated into the session to offer optimal understanding and alignment, professionalism and sensitivity is my intent. If you are uncomfortable with any of these let me know.

\*Please wear comfortable, (not baggy) clothing that you can easily move in.

\*If there is anything in particular you want to work on, please ask. We are working as a team. Periodically we will review your goals to get the most out of our working together. Please inform me of changes in health or injuries.

\*Laura Jasper bills her clients on a pre-pay basis. Bills are issued directly to clients and are due upon receipt. Cash, Check or Venmo payments accepted.

\*Please be on time. Due to travel time and full client schedule, sessions must start and end on time.

\*Please unplug. No interruptions-turn phones and other technology off.

\*Cancellation policy: If a session needs to be rescheduled, please do so within 24 hours of the appointment. If cancellation is made with less than 24 hour notice, the full rate of the session will be charged.

I have read and agree with the above guidelines and terms understand them.

Client's signature \_\_\_\_\_

## Client Profile and Health History Form

Date \_\_\_\_\_ Location \_\_\_\_\_

Please fill this form out prior our first meeting and return it to me. All information is completely confidential and this will help me keep sessions appropriate and safe for you. Please Print

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Person who referred you \_\_\_\_\_

Medical History

Surgical History


Do you now, or have you in the past:

	YES	NO
1. History of heart problems, chest pain or stroke	_____	_____
2. Increased blood pressure	_____	_____
3. Any chronic illness or condition	_____	_____
4. Advice from physician not to exercise	_____	_____
5. Recent surgery (last 12 months)	_____	_____
6. Pregnancy (now or within the last 3 months)	_____	_____
7. History of breathing or lung problems	_____	_____
8. Diabetes or thyroid condition	_____	_____
9. Muscle, joint, or back disorder	_____	_____
10. Hernia, or any condition that may be aggravated by any exercise or stretch	_____	_____
11. Medications you are currently taking	_____	_____
12. Increased blood cholesterol	_____	_____
13. Detached Retina, or glaucoma	_____	_____

\*Please explain 'yes' answers and inform Laura of any changes or other injuries, health or medical conditions for her to be aware of on the back of this page/or end of packet.

I have read and agree with the above guidelines and have answered the form to the best of my knowledge and ability.

Signature \_\_\_\_\_