Client Information - Detailed Health Self-Assessment Mindful Care Yoga
This information will be kept strictly confidential.

Name: _____Phone (_____)_____

Address_____City_____State_____Zip_____

E-mail: _____Birth date_____/_____/_____

Circle Best Contact: Phone Text Email Morning Afternoon Evening

Emergency Contact
Name_____Relationship_____Phone_____

Describe your desired short-term goal(s). Don't be afraid to list more than one and use details for your goals.

What do you consider a reasonable time to reach your goal(s)

Describe your desired long-term goal(s).

Do you have a time frame for reaching your long-term goal(s).

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Website ♥ www.mindfulcareyoga.com

Are you currently taking any medications and/or receiving any medical treatment for your health condition(s)?
If so, please list all medications/treatments and the dosage:

Type of Medicines	Past	Present
Prescription Medicines		
Over the Counter Medicines		
Herbs / Vitamins		

What makes your symptoms/pain better (Ex: sitting, standing in one place, sleeping, walking, bending backward, lying flat, bending forward, other)?

Please give detailed information to the 4 questions below:

1. Do you have pain when you bend forward?

2. Do you have pain when you bend backwards?

3. Is your pain back dominant?

4. Is your pain leg dominant?

Are the symptoms worse in the morning, afternoon, evening, inconsistent or after certain activities?

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Have you had any diagnostic testing? (X-rays, MRI, CT scan, Other) What were the result?

Is there anything that you've been told by your doctor not to do? If yes, please explain:

Have you had any surgeries?

How have you attempted to manage this condition or your symptoms on your own?

Have you RECENTLY noted any of the following (check all that apply)?

- Allergies
- Changes in Appetite
- Changes in Bowel or Bladder Function
- Chronic Sinus Condition
- Difficulty Maintaining Balance While Walking
- Difficulty Swallowing
- Dizziness
- Lightheadedness
- Fever/Chills/Sweats
- Headaches
- Nausea/Vomiting
- Pain at Night
- Pregnant
- Shortness of Breath
- Weakness/Fatigue
- Weight Loss/Gain

Have you EVER been diagnosed with any of the following conditions (check all that apply)?

- Anemia
- Asthma
- Cancer (type)_____
- Chemical Dependency (i.e., alcoholism)
- Depression
- Diabetes
- Epilepsy
- Heart Disease
- High Blood Pressure
- Low Blood Pressure
- Lung Problems
- Multiple Sclerosis
- Osteoporosis
- Pacemaker Inserted
- Parkinson's Disease
- Psychological Therapy
- Rheumatoid Arthritis
- Spine or Disc Trouble
- Stomach Ulcers
- Stroke
- Thyroid Problems
- Other_____

Body Chart:

Please mark the location of your pain and type of pain on the chart:

Key:

X: Sharp Stabbing Pain
O: Dull Achy Pain
…..: Numb/Tingling
////: Throbbing
___: Burning

Rate 1-10 0-No Pain, 10 Worst Pain Imaginable

Pain at LOWEST: Rate your lowest pain level in past 24 hours_____

Pain Currently: Rate your level of pain at this time_____

Pain at WORST: Rate your highest pain level in past 24 hours_____

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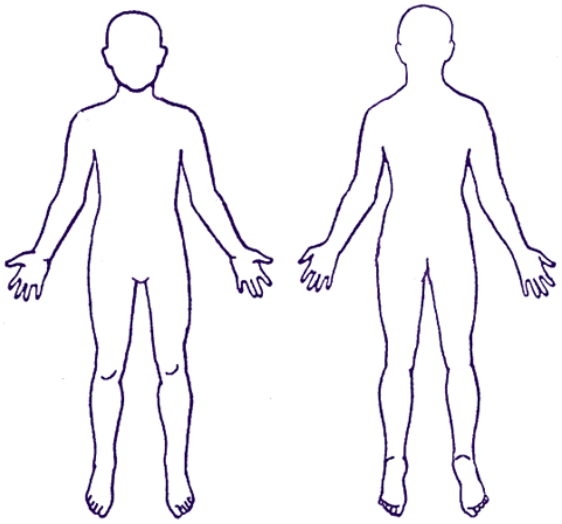

Right Left Left Right

Client Lifestyle:

Occupation:

Sleep:
Do you get up early? ☐ Yes ☐ No What time?_____

Do you go to bed early? ☐ Yes ☐ No What time?_____

Do you sleep in the daytime? ☐ Yes ☐ No

How do you generally feel upon arising in the morning?
☐ Fresh and rested ☐ Little tired ☐ Moderately tired ☐ Fairly tired

How is your sleep?
☐ Sound, normal duration ☐ Light, interrupted ☐ Too little sleep
☐ Too heavy and or too long ☐ Difficulty falling asleep ☐ Difficulty waking up
☐ Awaken too early ☐ Frequently nightmares

What is your sleeping position?
☐ On back ☐ On tummy ☐ Left side ☐ Right side ☐ Other, please
Specify_____

Diet:

DO YOU EAT THE FOLLOWING FOOD GROUPS

Food groups	Daily	Weekly	Monthly	Never
Grains / Cereals				
Vegetables				
Fruits				
Dairy				

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Eggs				
Poultry				
Meat				
Seafood				
Sugar / Honey				
Desserts				
Juices				
Other				

Please explain your typical food habit?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Do you eat between meals? ☐ Yes ☐ No

Do you eat your meals on time? ☐ Yes ☐ No

Which is your main meal? ☐ Breakfast ☐ Lunch ☐ Dinner

Rate your digestion: ☐ Good ☐ Fair ☐ Poor

How much water do you drink per day? Never / 1-2 glasses / 3-4 glasses / 5-6 glasses / 7 glasses and more

My eating habits include:
☐ Eat with full attention on food ☐ Eat at regular times
☐ Talk or converse a lot while eating ☐ Eat very fast
☐ Watch television while eating ☐ Never sit to eat ☐ Never on time

Describe your diet: ☐ Vegan ☐ Lacto-vegetarian ☐ Ova-lacto-vegetarian ☐ Others please specify _____

Non-vegetarian:
☐ Beef ☐ Pork ☐ Chicken ☐ Turkey ☐ Seafood ☐ Eggs

☐ Others please specify _____

Do you smoke cigarettes or others? ☐ Yes ☐ No
If yes, how many per day? Less than a pack / ½ pack / 1 pack / 2 packs / more than 2 packs

How often do you drink alcohol?
Never / less than once a week / about once a week / several times a week / More than once a day
How much_____

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How often do you drink caffeinated (coffee, tea etc) beverages? Never / one cup daily
2 – 3 cups daily / 4 – 5 cups daily

Mind:

What is your present state of mind and emotions? ☐ Good ☐ Fair ☐ Poor

Do you often experience any of the following?

☐ Worry	☐ Anxiety	☐ Fear or panic
☐ Loneliness	☐ Depression	☐ High stress level
☐ Lack of memory	☐ Light-headedness	☐ Lack of energy
☐ Suicidal tendency	☐ Anger	☐ Irritation

Stress Level 0-10_____ Is there anything you include in your daily life for relieving stress?

How often do you exercise?
☐ Weekly once ☐ Weekly twice ☐ Weekly thrice ☐ Weekly four times ☐ Every day ☐ Not at all

How long do you exercise? _____What type of exercise? _____

Is your exercise? (choose one) ☐ Vigorous ☐ Moderate ☐ Light

Type of exercise:_____

Do you practice any type of meditation? Please explain.

Do you practice any type of breathing exercises? Please explain.

Do you practice any Yoga techniques? Please explain.

Do you enjoy Essential Oils for relaxation during your Yoga Practice? Yes or No

Release of Claims

On my behalf and that of my predecessors, successors, assigns, heirs, estate, executors, administrators, agents, employees, representatives, and each of them, I irrevocably and unconditionally release and forever discharge the MINDFUL CARE YOGA Wellness Studio and it's predecessors and successors, affiliates, partners, subsidiaries, parent or related entities, joint ventures,

partnerships, sureties, officers, directors, shareholders, partners, co-owners, yoga teachers, massage therapists, bodyworkers, employees, contractors, assigns, heirs, successors, attorneys, consultants, insurers, agents, family members, nominees, administrators, and representatives, past, present, and future (collectively referred to as "Released Parties"), from any and all charges, complaints, promises, agreements, controversies, suits, rights, demands, costs, losses, debts, actions, causes of action, claims, judgments, obligations, damages, liabilities, and expenses of any kind and character, including attorney's fees and costs, both in law and in equity, for any bodily injury which is caused by, arises out of, result from, or is in any way connected with or related to (1**) my participation in any class, workshop, retreat, series, open house, or any other activity** of any kind or nature whatsoever of any of the Released Parties, (2) **my use or possession of any classroom, studio, changing room, premises, prop or supplies** of any kind or nature whatsoever of any of the Released Parties, whether owned, leased, maintained, supervised, or provided by any of the Released Parties, or (3) my **receipt of any yoga, massage, bodywork, or any other services** of any kind or type whatsoever from any of the Released Parties.

GENERAL RELEASE OF KNOWN AND UNKNOWN CLAIMS. I acknowledge that the releases herein apply to any and all actions, liabilities, claims, demands, and obligations, whether known or unknown, foreseen or unforeseen, patent or latent, or mature or unmatured, that I may have at any time in the future against Julia Bledsoe, and Mindful Care Yoga.

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which is known by him must have materially affected his settlement with the debtor."

I acknowledge that the significance and consequence of this waiver even if I should eventually suffer damages retaining to claims that currently exist or claims which may not exist until the future, I will not be able to make any claim for hose damages. I further acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release, which I do not know exist, as well as to claims for damages which may arise in the future, which, if known, would materially affect my decision to now agree to this release, regardless of whether my lack of knowledge is the result of ignorance, oversight, error negligence, or any other case.

I_____ (print name) understand that yoga 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. If I experience any pain or discomfort, I will adjust the posture and ask for support from the instructor. I will continue to breathe smoothly. I agree that it is my responsibility to notify the instructor of any physical injury or other condition affecting my ability to practice yoga at MINDFUL CARE YOGA or at a Private Facility with an MCY Instructor and that I will inform the instructor immediately if any injury does occur during class.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I herby agree to irrevocably release and waive any claims that I have now or hereafter may have against MINDFUL CARE YOGA, 1447 Genesee Drive, Reno Nevada, 89503.

Acknowledge of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms and my assumption of risks involved. I understand I am giving up substantial rights, including right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest allowed by law in the State of Nevada.

I have carefully read the above release of liability and fully understand and agree to the above by signing below.

Date_____/_____/_____ Signature_____

Please Print Name_____