

## LIFE FORCE YOGA FORM

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NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

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OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM YOGA SESSIONS? \_\_\_\_\_

PRIMARY GOAL \_\_\_\_\_

SECONDARY GOAL \_\_\_\_\_

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### GENERAL HABITS

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Tobacco  Yes  No If Yes: How many cigarettes per day? \_\_\_\_\_ If you smoked in the past, how many years did you smoke? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Coffee: How many cups per day? \_\_\_\_\_  Tea: What Kind? \_\_\_\_\_ Per day \_\_\_\_\_

Soda: \_\_\_\_\_  Alcohol: How much per day? \_\_\_\_\_ Per Week \_\_\_\_\_ per Day \_\_\_\_\_

Drugs: What Kind? \_\_\_\_\_ per day? \_\_\_\_\_ What kind? \_\_\_\_\_ How Often? \_\_\_\_\_

Addiction: Recreational Drugs? \_\_\_\_\_  
Drug or alcohol addiction? \_\_\_\_\_  
Currently in recovery program?  Yes  No

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### HEALTH HISTORY

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Hospitalizations? Provide date and reason for each \_\_\_\_\_

Surgeries (including cosmetic and dental)? Provide date for each. \_\_\_\_\_

Do you take prescription medications for depression, anxiety, or other psychological symptoms? \_\_\_\_\_

Please list any other health issue/diagnosis below that you have had or currently have that may affect your yoga practice (high blood pressure, mental health, etc.)-

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Please list all of the pharmaceutical drugs, over-the-counter medications, supplements, nutritional drinks, and herbal supplements you have used *in the past six (6) months*. Use additional pages or bring these items with you to the consultation if you prefer.

	Currently take?		Dose, Form, Frequency*	What condition do you take this for?	Happy with results/side effects?
	YES	NO			
<b>Prescription Medications</b>					
<b>Over-the-Counter Medications</b> (e.g., antacids, laxatives, aspirin, Tylenol, Advil, Motrin, Aleve, cough drops, cough syrups, etc.)					

<b>Vitamin/Mineral Supplements or Nutritional Drinks</b> (e.g., energy drinks, protein shakes, etc.)					
<b>Herbal Supplements</b> (please list all herbs included if a formula)					

\*DOSE is how many milligrams or units; FORM is capsule, tablet, powder, liquid, etc.; FREQUENCY is how many times per day you take it.

**OTHER**

Please feel free to take as much space as you would like to answer these questions. Feel free to refrain from answering anything that you may not wish to disclose. All information will be treated with the utmost confidentiality. Use as much space as you need.

Over the Past 7 days, how would you rate your stress level right now? For how long? \_\_\_\_\_

1 ←—————→ 10

Do you regularly work with any other complementary health practitioners?

***Please Answer Thoughtfully***

What is your religious background? How much would you like to draw on your beliefs?

How do you feel about your relationships with others, specifically major relationships?

What are the qualities that you would like to experience in your life that you feel are either missing or need enhancing at this time?

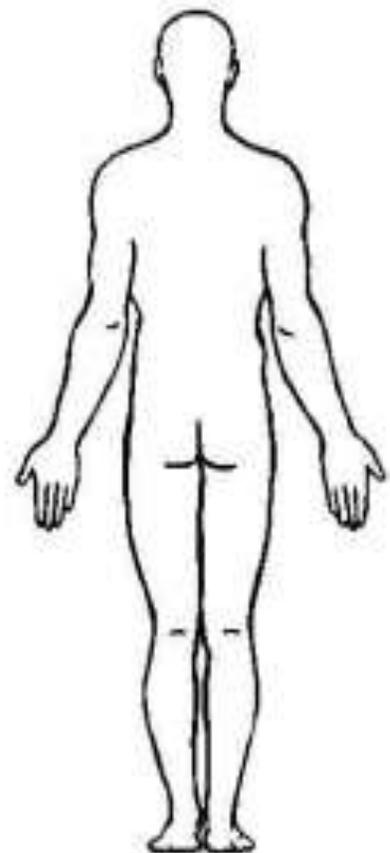
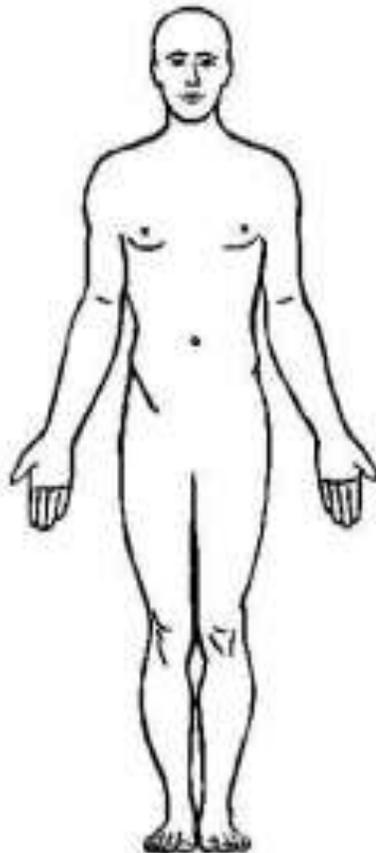
What do you feel is the ultimate purpose or meaning in your life?

How do you feel about your work and other vocational interests?

Please describe your current yoga and/or meditation practice, if you have one:

Is there anything else affecting your health right now that you would like me to know about?

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Please mark any areas of pain

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Join the list? **Y/N** Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) if so, please explain: \_\_\_\_\_.

What are your goals in coming to Yoga? \_\_\_\_\_

### **It is your responsibility to inform the instructor of your limitations before class begins.**

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at ICandW Yoga. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by ICandW Yoga and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby **WAIVE AND RELEASE** ICandW Yoga, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at ICandW Yoga, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the many benefits of practicing yoga with ICandW Yoga

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

If participant is under 18: As Parent or Legal Guardian of \_\_\_\_\_. I consent to the above terms and conditions.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date

Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Missed or Cancelled Appointment**

You agree to notify my staff or I before 24 hours of being unable to attend a scheduled appointment. Neglecting to do so prevents others from receiving care at that time and prevents me from using that time productively. In the event that you do not notify me by (a message or changing your appointment on the client portal calendar suffices) than you agree to charge you for your session fee. However, if you missed a session due to an emergency and a circumstance that was beyond your control, you will not be charged.

**You acknowledge that I have been informed and have read the Cancellation policy and agree to pay the fees owed for a missed appointment if I fail to provide the required 24-hr notice.**

Initials \_\_\_\_\_ Date \_\_\_\_\_

## Informed Consent

I understand that private yoga sessions are not meant to treat, diagnose, or cure any pain, illness, or disease- mentally, physically or otherwise. I agree that yoga is a means to overall wellness, and can be used in conjunction with my healing beliefs.

I understand that the environment I will practice in as a student of ICandW Yoga program is safe and confidential, and no information will be shared with any therapist, or outside parties unless permission is granted. Especially when information received may mean that you are in danger.

I also understand that in order for yoga to be of benefit to me, I must commit to a daily practice of any of the 10 modes of yoga for mental wellness. These are:

1. Breathwork (*pranayama*) & Kriya-The way you consciously breathe is a powerful way to transform your mood.
2. Meditation or mindfulness
3. Poses (*Asana*)-Placing and moving your body in ways that will change the energy to a more balanced state.
4. Visualization (*bhavana*)-Using peaceful images, visualizing your life or your actions to bring yourself into a more balanced mood state.
5. Mantra-Nada Yoga, and repeating words that bring you comfort (Affirmations) EX. "I am peace", or "peace breathes through me now", or "A drop of peace breathes through me now." MUST be believable!
6. Mudra-stimulates nerves in different parts of the body.
7. Sensing the Body-coming home to the sensations in your body from the practices as a means of getting out of your head, escaping the endless stories, and the current mood. It is a way to bring you into the present moment and listen deeply for what truly matters most.
8. Relaxation techniques (*yoga nidra*).
9. Meditation
10. Non-Dual Strategies (*svadhaya*)

I understand that the practice of yoga may require a major and immediate lifestyle change. This engaged commitment is similar to that required in athletic training. The athlete trains regularly, every day, rain or shine, whether she feels good or not, whether the goal seems worth it or not on any particular day. You don't have to like it; you just have to do it.

I understand that I will get the best results from adhering to this commitment. I know that I will be asked to practice 6 days a week for 20-60 min. I understand that this might mean that I have to rearrange my priorities, but I realize that this rearranging is for my own good and to provide greater wellness and ease to my life.

I understand that I will be learning specific skills that need to be practiced to be of benefit. Every skill I learn may or may not help, but I won't know until I practice. I agree to practice these skills.

I agree to **be on time** (to practice the yama *asteya*), bring questions, and an attitude eager to learn, as a "true believer". I understand that this is a mindfulness practice that requires that I look at the attitudes, ways of being, that are harmful and keep me with a feeling of being separate from my higher power.

I understand to try to cultivate attitudes foundational for mindfulness practice. These are: *non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go.*

**With this understanding, I provide my consent to receive private LifeForce Yoga sessions and agree to abide by the commitments and terms of this document through the course of my sessions.**

_____ Signature of student	_____ Print Name Above	_____ Date
_____ Signature of teacher	_____ Print Name Above	_____ Date