



CLAIRE COETZEE

reflexology • yoga • massage

CONSENT FORM

Please fill in your details in the form below

SURNAME: _____ FIRST NAME: _____ DOB: _____

Mr Mrs Miss Ms Other Married Single Divorced Widowed

ADDRESS: _____

_____ CODE: _____

TEL (H): _____ TEL (W): _____ CELL: _____

OCCUPATION: _____ EMAIL: _____

NEXT OF KIN: NAME & SURNAME: _____

RELATIONSHIP: _____ CONTACT NO. _____

SIGN: _____ DATE: _____

What can you expect from your yoga session:

A yoga practice is designed to address your health on many levels: physical, energetic, mental, and emotional. We will work on breathing, focus, physical postures, alignment and meditation in each session. This is a beautiful personal therapy that aids health and well-being.

What do you hope to get out of your personal Yoga session (mark all that apply):

Postural instruction Stress Relief Joint Health Increased Body Awareness Pain Reduction

Flexibility Improved sleep Personalized practice tips Other: _____

HEALTH HISTORY:

1. Please list your current and previous health conditions. _____

2. Please list medical diagnoses, surgeries, accidents, and/or injuries followed by the approximate date: _____

3. Are there any other health problems or life challenges that you wish to share? _____

4. If your primary reason for the personal session is a health-related, please indicate the current health condition and the length of time you have been dealing with it (e.g. back pain, 1 year; e.g. insomnia, 5 years): _____

5. Describe your lifestyle.

• Do you watch what you eat? Always Sometimes Rarely Never

• How often do you exercise and what kind of exercise do you do? _____

• Do you smoke? Yes No If yes, frequency: _____

• Do you drink? Yes No If yes, frequency: _____

In percentages, please indicate how much of your day you are in the following positions:

Sitting: ___% Standing: ___% Lifting: ___% Driving: ___% Computer or desk work: ___% Lying down: ___% 12.

6. What is your CURRENT perceived stress level – low, moderate, or high? _____

7. Describe your sleep habits; for example:

• Do you get enough sleep? _____

• How many hours/night do you need to feel refreshed? _____

• Do you wake up frequently during the night? _____

• Do you have an established bedtime routine? _____

8. How would you describe your breathing patterns? Check all that apply:

Shallow, chest breathing Deep and rhythmic I don't think about my breath

9. How often do you spend time in nature? _____

10. What is your experience with Yoga, meditation or other spiritual practices?

• How often do you practice and is your practice regular? _____

• Do you experience pain or discomfort in any pose? Which one/s? _____

• Where is the pain and when do you feel it? _____

• Have you had any previous Yoga injuries? How did they happen? _____

I have read and understand the above and am receiving treatment at my own request.

SIGN: _____