



**LIVING ROOM
YOGA**

Your Place For Yoga Therapy & Healing

Yoga Therapy • Yoga Classes • Yoga Teacher Training • Hypnosis
Cranial Sacral Therapy • Massage Therapy • The Feldenkrais Method



8424 4th Street North, Suite G • St. Petersburg, FL 33702
(727) 826-4754 • www.livingroomyoga.biz

New Student Form/Wellness Questionnaire for Yoga Therapy

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

E-Mail*: _____

Birth Date: _____

Gender: Male Female

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: (_____) _____ - _____

Name of Your Healthcare Provider: _____

Phone Number of Healthcare Provider: (_____) _____ - _____

Medications You Are On and What Are They For: _____

What is your experience with Yoga Therapy? _____

What would you like the outcome of your private appointment to be? _____

If your body could talk, what would it say about its state of being? _____

How is your diet and digestion? _____

Where do you have muscle pain or tension? _____

How would you describe your posture? _____

What kind of work do you do? _____

Is your body comfortable at work? Yes No

What kind of exercise do you do, and how often? _____

What do you do for stress reduction and relaxation? *Feel free to share unhealthy habits as well as healthy ones.*

What major surgeries have you had? _____

What chronic conditions do you have? _____

List any accidents or injuries with approximate dates: _____

What are your main health challenges right now? _____

To what extent do these challenges restrict your daily life? _____

Is your schedule: Regular Irregular

Do you have any problems with breathing? Yes No

Do you notice changes in your breath when you become upset or agitated? Yes No

What happens? _____

Were you ever a smoker? Yes No

If you are still a smoker, do you want to quit? Yes No

Is your energy level: Low Medium High

Does your energy level fluctuate? Yes No

When do you have dips? _____

What are your sleep patterns like? _____

Do you wake up refreshed? Yes No

Is your stress level: Low Medium High

What triggers your experience of stress? _____

What do you find most effective for releasing stress? _____

Do you find yourself getting upset or irritated often? Yes No

Do you experience anxiety? Yes No

Do you experience depression? Yes No

What emotions do you have difficulty experiencing or expressing? _____

Are personal relationships nurturing and supportive? Yes No

Is your career fulfilling? Yes No

What are your main life challenges at present? _____

What have been your most significant losses? _____

Do you have friends you can confide in? Yes No

Do you notice that you keep bumping up against the same problems or situations in life?
What are they?

What habits would you like to change? _____

Do you have the big picture of your life or do you feel stuck in the forest just looking at the trees?

How would you describe the spiritual dimension of your life? _____

What are the most important things in life? _____

Do you feel like you have a particular mission in this life? _____

If so, are you fulfilling it? _____

Please Check The Goals Below That Are Most Important To You:

- Improve Digestion and Elimination
 - Improve Posture
 - Improve Overall Health
 - Increase Body Awareness
 - Improve Breathing
 - Increase Energy
 - Stabilize Energy
 - Improve Sleep
 - Handle Emotions Better
 - Have a Live Experience of the Meaning of Life
 - Have More Control Over the Direction of My Life
 - See and Change Dysfunctional Behavior Patterns
 - Have More Satisfying Personal Relationships
 - Improve Diet and Develop a Healthier Lifestyle
 - Reduce Experience of Stress/Attain Greater Peace of Mind
 - Muscle Strengthening (Which?) _____
 - Flexibility (Where?) _____
 - Joint Stability (Which?) _____
 - Reduce Pain (Where?) _____
 - Change Habits (Which?) _____
 - Learn Specific Postures or Aspects of Yoga _____
- Be Able to Feel Emotions in the Body
 - Get Less Upset and Irritated
 - Feel Less Anxious
 - Feel Less Depressed
 - Find Greater Fulfillment in My Work Life
 - Improve Self Esteem
 - Gain a Wider Vision of Life
 - Grow Spiritually
 - Have A Sense of Living Life Fully

HOW DID YOU HEAR ABOUT US - Please mark only one

- Facebook Fan Page
- Referral by Member: _____
- Online Info Form
- Healthcare Provider: _____
- Driving By/Sign
- LinkedIn
- CrowdSavings
- Living Room Yoga Car
- St. Pete/Tampa Bay Times
- Tampa Bay Wellness Magazine
- Transformations Magazine
- Internet Search
- Flyer in Coffee Shop: _____
- Eversave
- LivingSocial
- Other: _____
- Bay News 9

Yoga Liability Waiver

I am aware that my participation in yoga may result in accident or injury, and I assume the risk connected to my participation. I certify that I have disclosed all relevant health problems to Living Room Yoga prior to beginning the program. I agree to take responsibility for my own safety by practicing yoga on an empty stomach, breathing properly throughout sessions, moving slowly in and out of postures, and letting the instructor know immediately if a position feels uncomfortable. I acknowledge that the instructor has not and will not render medical services, including the medical diagnosis of my physical condition. I specifically agree that Living Room Yoga shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on the account of death, personal injury, property damage, or loss of any kind resulting from or related to my use of equipment or participation in yoga on my premises or the premises of Living Room Yoga. I agree to hold Living Room Yoga harmless from same.

I have read the above release and waiver of liability and fully understand its contents. I signify by signing below that I voluntarily agree to the terms and conditions stated above from this date forward in all my dealings with Living Room Yoga.

Printed Name

Signature

Date

Cancellation Policy Acknowledgement

By signing below, I agree to provide notice of cancellation by **Noon of the previous business day** in order not to be charged for the missed session. Weekend and Monday appointments must be cancelled by 12:00 noon on the Friday before in order not to be charged for the appointment.

Printed Name

Signature

Date