



4154 Herschel Street  
Jacksonville, FL 32210  
904.680.7344 studio  
www.yogaanandastudio.com

## A CENTER FOR WELLNESS

DATE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

REASON FOR TODAY'S VISIT: \_\_\_\_\_

THERAPIES YOU ARE INTERESTED IN: \_\_\_\_\_

GENERAL HEALTH INFORMATION  MALE  FEMALE

OCCUPATION: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_

YES  NO HAVE YOU EVER EXPERIENCED A PROFESSIONAL MASSAGE OR BODYWORK SESSION?

IF SO, HOW RECENTLY AND WHAT KIND? \_\_\_\_\_

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN AS CLEARLY AS POSSIBLE IN THE SPACE BESIDE OR AT THE BOTTOM OF THE FORM IN THE ADDITIONAL SPACE PROVIDED.**

YES  NO DO YOU SUFFER FROM STRESS?

YES  NO DO YOU HAVE DIABETES?

YES  NO DO YOU EXPERIENCE FREQUENT HEADACHES?

YES  NO ARE YOU PREGNANT?

YES  NO DO YOU HAVE ARTHRITIS?

YES  NO DO YOU WEAR CONTACT LENSES?

YES  NO ARE YOU WEARING DENTURES?

YES  NO DO YOU HAVE HIGH BLOOD PRESSURE?

YES  NO IF "YES" TO THE PREVIOUS QUESTION, ARE YOU TAKING MEDICATION FOR THIS?

YES  NO DO YOU SUFFER FROM EPILEPSY OR SEIZURES?

YES  NO DO YOU EXPERIENCE JOINT SWELLING

YES  NO DO YOU HAVE VERICOSE VEINS?

YES  NO DO YOU HAVE ANY CONTAGIOUS DISEASE?

YES  NO DO YOU HAVE OSTEOPOROSIS?

YES  NO DO YOU HAVE ALLERGIES?

YES  NO DO YOU BRUISE EASILY?

YES  NO HAVE YOU HAD ANY BROKEN BONES IN THE PAST TWO YEARS?

YES  NO HAVE YOU BEEN IN AN ACCIDENT OR SUFFERED ANY INJURIES IN THE PAST TWO YEARS?

YES  NO DO YOU HAVE ANY TENSION OR SORENESS IN A SPECIFIC AREA? IF "YES" PLEASE SPECIFY

\_\_\_\_\_  
 YES  NO DO YOU HAVE CIRCULATORY PROBLEMS?

YES  NO DO YOU EXPERIENCE BACK PAIN?

YES  NO DO YOU HAVE NUMBNESS OR STABBING PAINS ANYWHERE?

YES  NO ARE YOU SENSITIVE TO TOUCH OR PRESSURE ANY PLACE?

YES  NO HAVE YOU EVER HAD SURGERY?

YES  NO DO YOU TAKE ANY MEDICATIONS OR HERBAL SUPPLEMENTS WE SHOULD KNOW ABOUT?

ADDITIONAL COMMENTS:

\_\_\_\_\_



4154 Herschel Street  
Jacksonville, FL 32210  
904.680.7344 studio  
www.yogaanandastudio.com

## A CENTER FOR WELLNESS

### WAIVER AND RELEASE OF LIABILITY AGREEMENT

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner up to date as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

**CANCELLATION POLICY:** Please be considerate of the Center and the Therapists Time by canceling appointments at least 24 hours in advance. If appointment is not cancelled by the morning of that appointment, client will be charge half of the appointment cost. Be advised that your credit card information will be stored in your client profile upon your first visit and by signing this you are authorizing Yoga Ananda to charge any cancellation fee that may be incurred due to not following the stated policy.

**I AFFIRM THAT I HAVE READ THE ABOVE AND I AGREE TO PARTICIPATE, VOLUNTARILY, AND ADHERE TO THE CURRENT, NEW, AND REVISED POLICIES OF YOGA ANANDA LLC. I FURTHER AFFIRM THAT I WILL ASSUME ALL SUCH RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES FOLLOWING INJURY, PERMANENT OR PARTIAL DISABILITY, OR DEATH, AND FOR LOSS, DAMAGED OR STOLEN PERSONAL PROPERTY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_