

First Appointment Paperwork

Client Information: [skip information that you have already filled out online]

NAME _____

DATE OF BIRTH _____

Preferred method of contact: ___ Email ___ TEXT ___ Cell Phone ___ Home Phone ___ Mail

MAILING ADDRESS _____

CELL PHONE _____

HOME PHONE _____

Sign me up :

___ Quarterly Newsletters

EMAIL _____

Emergency Contact

NAME _____

RELATION _____

PHONE _____

Questionnaire

Have you received Physical Therapy in the past? ___ Yes ___ No

If yes, What area of the body _____

When _____

How long have you been practicing Yoga? _____

What style of yoga? _____

When did your injury occur? _____

What area of your body is affected by your injury?

How did you injure yourself?

Tell me about your pain and what activities relieve it:

What emotions or feelings surface when you have this pain/discomfort?

Are you suffering now? If so, how?

Is anyone harming you? ___ Yes ___ No

How physically active are you on a daily basis? ___ Very ___ Moderate ___ Minimal

How would you rate your general health? ___ Very Good ___ Good ___ OK ___ Poor ___ Very Poor

What do you do for exercise and how often?

How would you rate your stress level? ___ Low ___ Moderate ___ High

What is stressful in your life?

How do you manage stress?

What are your expectations for your recovery? [timeframe, full or partial recovery]

Current supplements / medications and reason for taking: _____

Who is your primary doctor? _____

Who is your psychotherapist or counselor? _____

What else should I know that I didn't ask?

Where are you feeling good in your body? _____

What would you like to learn?

Who can I thank for referring you? _____

Have you Experienced:

<u>CONDITION</u>	<u>YES</u>	<u>NO</u>	<u>DESCRIBE / WHEN</u>
Asthma	_____	_____	_____
Arthritis	_____	_____	_____
Blood Problem	_____	_____	_____
High Blood Pressure	_____	_____	_____
Glaucoma	_____	_____	_____
Cancer	_____	_____	_____
Diabetes	_____	_____	_____
Heart / Lung	_____	_____	_____
Muscle, Joint, Bone	_____	_____	_____
Stomach	_____	_____	_____
Stroke / TIA	_____	_____	_____
Anxiety / Depression	_____	_____	_____
Sleeping issues	_____	_____	_____
Trauma	_____	_____	_____
Physical / Sexual Abuse	_____	_____	_____
Other	_____	_____	_____
<u>SURGICAL HISTORY</u>	<u>YES</u>	<u>NO</u>	<u>WHEN / WHAT TYPE?</u>
Eye	_____	_____	_____
Bladder or Bowel	_____	_____	_____
Abdominal	_____	_____	_____
Uterine or Prostate	_____	_____	_____
Orthopedic/Spine	_____	_____	_____
Heart/Lungs	_____	_____	_____
Other	_____	_____	_____

Consent to Treat

I _____ agree and consent to Jaimie Perunas, DPT, e-RYT, C-IAYT & Yoga is Therapy LLC to perform yoga therapy treatment and care which includes but is not limited to: self massage, poses and exercises, postural awareness and re-education, yoga breathing, as recommended by Jaimie.

I am aware that there are significant risks involved in physical training, including but not limited to, the physical training inherent to all yoga exercise activities, and that my participation in any yoga exercise activities carries with it the risk of injury, or property damage. The risks include, but are not limited to, failure or malfunction of equipment, falls, and negligence on the part of myself. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or loss that may result from participating in this yoga program.

In consideration for my being allowed to participate in the activities offered, I, the undersigned hereby release, Yoga Is Therapy LLC, and its principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this yoga exercise activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. I realize that injury may arise from negligence or carelessness by the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees.

I understand that Yoga is Therapy's services are categorized as wellness and preventative services and are not covered by health insurance companies.

Privacy

I understand Jaimie will be taking pictures for me in poses to help create an exercises handout. These photos will be kept private. Jaimie will only share patient information with other providers with verbal or written permission from client. I understand that Yoga is Therapy may send SMS/Text communications for appointment changes.

Cancellation & Tardiness Policy

I understand that Yoga is Therapy LLC has **a minimum of a 48 hour** cancellation policy. There will be a: **\$75 fee for a first appointment, \$62.50 fee for a follow-up appointment, \$40 fee for a check-up appointment; if I cancel between 48 and 24 hours, if I cancel less than 24 hours I will be charged the full session charge.** I understand that if I am late for my appointment, my visit will end at the scheduled time and therefore be shortened.

I have provided the information on the forms above to the best of my ability and I have read and agree to the Consent to Treat, Privacy, and Cancellation and Tardiness Policy.

Signature of Patient

Date

Guardian Signature (if under 18 years old):

Date