
**CLIENT INFORMATION**

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

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

CITY / STATE / ZIP: (MARITAL) STATUS: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

PHONE - Home: Work: Cell: \_\_\_\_\_\_\_\_\_\_\_\_

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

Is it OK to leave a message at Home? at Work ? \_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE: AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: OCCUPATION: \_\_\_\_\_\_\_ \_\_\_\_\_\_

NATURE OF BUSINESS/POSITION: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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

EMERGENCY CONTACT: (Not living with you)

PHONE: RELATIONSHIP: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Where did you hear about my services? \_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced yoga therapy and/or energy healing previously? **YES**\_\_\_\_\_\_\_\_\_\_\_\_**NO**\_\_\_\_\_\_

If so please describe: \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_

What are your intentions and goals for our work together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What medical conditions are you currently seeing a doctor for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any prescription medications, surgeries and/or trauma (past or present):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METHOD OF PAYMENT: Check # \_\_\_\_ Cash $ \_\_\_\_ Credit Card VISA / MC / DISCOVER / AMEX

**Note: Payment is due at time of service unless otherwise agreed upon by provider.**