BASIC INFORMATION AND INFORMED CONSENT FORM

NAME:____ SEX:___ DATE OF BIRTH: ________
Last First Middle Initial

ADDRESS: ____
Street City State Zip

PHONE: Home:_________________ Work:_____________________ Cell:________________

E-Mail: _________________________________REFERRED BY: _______________________

TYPE OF OCCUPATION: __________________________ JOB DESCRIPTION___________

Have you ever used any type of Thai Yoga before? ☐ Yes ☐ No

If Yes: When?: ___________________ How often? ____________________________

EMERGENCY CONTACT: _________________________ RELATIONSHIP: _____________

PHONE: ________________________ ____________________________________

STATEMENT OF UNDERSTANDING

Elizabeth A. Webb does not submit treatment, consultation or forms to any insurance carrier. I understand Elizabeth A. Webb is not diagnosing, prescribing or treating any physical condition that I may have. I agree to consult with a physician about any concern I have about any pathology, dysfunction, or pain, and to advise Elizabeth A. Webb about any concerns. In receiving Thai Yoga Therapy, I accept full responsibility for my relaxation and will inform her of anything that would jeopardize my health and well-being. I understand that my participation in Thai Yoga Therapy and this physical massage may create a health risk and I agree to hold Elizabeth A. Webb harmless for any such injuries. Elizabeth A. Webb is to provide information, consultation and support in assisting me to better understand my body and to find my own best communication, daily practice, and style of living. I further understand that my role is to be awake to the messages my body and mind are sending me and to inform her if any activity or movement causes pain or apprehension.

I understand that I am financially responsible for any session cancelled less than 24 hours of my scheduled appointment with Elizabeth A. Webb at the full private session rate.

____ ________________________
Signature of client Date

Elizabeth Webb, Thai Yoga Therapist
Mailing Address: N3157 Lundt Road, Helenville, WI 53137
www.assistedyoga.com

NAME: ______________________________ **DATE:** ______________

Are you presently taking any medication(s) or supplement(s)? ☐ Yes / ☐ No

Please explain any stress related factors: (family, work, social, recent death, etc.)
On a scale of 1 to 10, how stressful is your lifestyle? Please indicate by circling your response: **1 2 3 4 5 6 7 8 9 10** (1 indicating no stress to 10 indicating unhealthy high stress)

Do you exercise or participate in any physical activities? ☐ Yes No
• If so, please explain: (type, program, duration, frequency, etc.)

Do you have any experience with stress management, yoga, massage or meditation?
• Please describe

How would you describe your over-all health?
• ☐ Poor ☐ Fair ☐ Good ☐ Excellent (Please elaborate)

Do you have any areas of concern, pain, or discomfort?
• Please describe • Indicate pain level

0	1	2	3	4	5	6	7	8	9	10
No Pain				interrupts concentration						ER Visit

Elizabeth Webb 262-894-3442

NAME: ______________________________ **DATE:** ______________

Please indicate time frame for any YES conditions you've had or have.

Condition	Yes	Condition	Yes	Condition	Yes
Asthma	☐	Osteoporosis	☐	Breathing difficulty	☐
Arthritis	☐	Rheumatoid arthritis	☐	Joint swelling	☐
Blood Problems	☐	Anemia	☐	Explain: ______________	
High Blood Pressure	☐	Hay Fever	☐		
Low Blood Pressure	☐	Dizziness	☐	Menopausal challenges	☐
Cancer	☐	Vertigo	☐	Other:	
Diabetes	☐	Balance	☐	______________	
Heart	☐	Unexplained falls	☐	______________	
Muscle, Joint, bone	☐	Unexplained fractures	☐	______________	
Stomach	☐	Hernia/rupture	☐		
Stroke/TIA	☐	Unstable/"trick" joints	☐		
Gynecology	☐	Joint dislocation	☐		
Prostate	☐	Metal implants	☐		
Physical/Sexual Abuse	☐	Artificial joints	☐		
Glaucoma	☐	Bladder/bowel control	☐		
Vision Difficulties	☐	Lung issues	☐		
Pinched nerve	☐	Broken bones	☐		
disc issue	☐	Neurological disease(s)	☐		
Night sweats	☐	Headaches	☐		
Any other condition	☐	Chest pain	☐		

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Women Only:

Hysterectomy ☐

Are you currently pregnant?

☐