

Client Information

Personal Information

Name:

Date:

Address:

Cell Phone:

Home/Work Phone:

Emergency Contact:

Current Profession or Grade Level:

Birth date/age:

Email address:

Height:

Weight:

Are you currently seeking the care of a physician? Y N Physician's Name:

Do you have a medical diagnosis?

Do you have or have you ever had any injuries/physical limitations/issues? Y N

Please explain:

What is the main reason for your visit?

Are you seeing any other health professionals at this time? Y N If yes, please list:

How well do you sleep?

On a scale of 1-10 (10 being the highest) how would you rate your stress level?

What causes stress for you?

List any regular physical activities including sports: (frequency, duration, season)

List other hobbies or passions?

Do you smoke? Y N How much?

Do you drink alcohol? Y N How much and often?

Use recreational drugs? Y N Type/how often?

Any other health conditions? anemia, crohns, colitis, ulcers, thyroid disorder, history of eating disorder, diabetes, cancer, etc:

How would you describe your overall health?

Recent weight loss or weight gain? Y N If yes, how much?

Do you have any know allergens? Y N If yes, list allergy and symptoms

Supplements - now/in the recent past (name, dose, for how long, reason taking, benefits/side effects):

Medical Prescriptions - now/in the recent past (name, dose, for how long, reason taking, benefits/side effects):

Have you had a reiki treatment before? Y N If so, when and what was your experience?

Do you practice yoga? Y N If so, what kind and how long?

Please list any other additional information that you feel would be helpful:

CLIENT AGREEMENT AND RELEASE

I, _____ (print name), understand that Vibrant Life Studio will provide me (or my child _____) with professional wellness treatments, yoga training, athletic conditioning, restorative practices, reiki energy work and/or support for the purpose of strength training, added flexibility, increased breath flow, body awareness, deep relaxation and enhancing health - body, mind and spirit.

I understand that these treatments, training and/or support are not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care. I affirm that I take full responsibility to determine whether it is safe for me to participate in yoga training and wellness treatments as stated above.

I have informed Vibrant Life Studio of all my known physical and medical conditions, as well as any medications and supplements I am taking and will keep Deborah informed of any changes. I hereby agree to irrevocably release and waive any claims that I may have now or hereafter against Deborah Anne Hetzer.

I give permission to use my (or my child's) testimonial(s), or images for education and promotion. Y N

Signature:

Date:

The state of Ohio has not adopted any educational or training requirements for unlicensed complimentary or alternative healthcare practitioners. Under Ohio law, an unlicensed complimentary or alternative healthcare practitioner may not provide a medical diagnosis or recommend that a person discontinue a medically prescribed treatment.