



Lotus Yoga Center LLC

Client Information

Namaste & Welcome to Lotus Yoga Center. Please fill out and sign this form.

Contact Information

Name:		Birth Date:
Street Address:		
City:	State:	Zip Code:
Phone #: ()	Cell #: ()	Emergency #: ()
Email Address:		
Referred By:		
Reason for your visit:		

General Health Information

Are you currently under the care of a health professional?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, health care provider's name:	Phone Number: ()	
Please state any recent or past injuries or medical treatments:		

Please check any of the following conditions that you currently are challenged with:

<input type="checkbox"/> Dizziness/Fainting Spells	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Accidental Injury
<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> T.M.J. Syndrome	<input type="checkbox"/> Cancer	<input type="checkbox"/> Spine/Neck Injury
<input type="checkbox"/> Emotional Stress	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Vision/Hearing Impairment	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Allergies	<input type="checkbox"/> Fever	<input type="checkbox"/> Sports Injury
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Cold Virus	<input type="checkbox"/> Headaches	<input type="checkbox"/> Acute Pain
<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Flu	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Kidney Ailment	<input type="checkbox"/> Infectious Conditions	<input type="checkbox"/> Ulcerated Colon
<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> P.M.S. Syndrome	<input type="checkbox"/> Other (please explain):	
<input type="checkbox"/> Seizures/Convulsion	<input type="checkbox"/> Skin Disorders		

If you have spinal ailments, recent injuries or operations, please explain:

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Signature

Date

Gary Gross & Michele Baran, Certified Bodyworkers