DEVELOPER>
PROTECT >
Yes…Start Enforcing Protection
BEFORE SENDING

CLIENT FORMS

PART 1 – Mailed to Client

NEW YOGA STUDENT FORM

This form is for new and prospective clients of **InnerSpaces by Karen** yoga therapy service (www.InnerSpacesbyKaren.com), This questionnaire is an important tool for helping your instructor insure your safety and the appropriateness of your yoga experiences. This information is only for your instructor's use and will be treated as confidential and will not be released or revealed to any person without your written consent. Thank you for taking the time to complete this form. Anyone with questions can email me at karenjpierce@earthlink.net.

(Please Print)

Today's Date:

GENERAL INFORMATION

Last Name:	First:	Middle:	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	Marital Status: Single ☐ Mar ☐ Div ☐ Sep ☐ Widow ☐
Street Address:				P.O. Box:
City:				State: / Zip Code:
Home Phone ( ) ☐ Day ☐ Eve	Cell Phone ( ) ☐ Day ☐ Eve			Work Phone ( ) ☐ Day ☐ Eve
Occupation:				Employer:
Email address:				

Referred by (Please check one box):	☐ Family	☐ Friend	☐ Internet	☐ Yellow Pages	☐ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship:	Home Phone ( )	Work Phone ( )

LIFESTYLE INFORMATION

How often do you engage in physical activity/exercise:

How long on average is your physical activity/exercise:

What types of physical activity/exercise do you consider fun:

Does you occupation or leisure activity require much physical activity: ☐ Yes ☐ No

What are your usual leisure activities:

What do you do for relaxation & stress reduction:

Do you have any prior experience with:	☐ Yoga	☐ Breathing Techniques	☐ Chanting	☐ Meditation	☐ Visualization
Are you currently practicing at home:	☐ Yes ☐ No	Are you taking Yoga Classes:	☐ Yes ☐ No	Where?	

What are your personal barriers to physical activity/exercise:

☐ Not enough time	☐ Exercise aggravates injury	☐ Exercise causes pain	☐ Lack of family support
☐ Lack of motivation/discipline	☐ Work/School schedule	☐ Find exercise boring	☐ Don't like to exercise in public
☐ Lack of personal energy	☐ Don't see results	☐ Other:	

HEALTH HISTORY

The information requested on this page, if you choose to provide it, will help me work more effectively with you.

Primary Physician:		Phone: ( )
Has your participation in a yoga program been approved by a physician?		☐ Yes ☐ No
Have you ever been advised by a physician to avoid any type of physical exercise?		☐ Yes ☐ No
Has your physician ever said that you have heart trouble?		☐ Yes ☐ No
Has your physician ever said that your blood pressure was high?		☐ Yes ☐ No If yes /
Has your physician ever said that your cholesterol levels were high?		☐ Yes ☐ No
What is your present age?	What is your present height?	What is your present weight?
What is your Blood Type? ☐ A ☐ B	☐ AB ☐ O ☐ Don't Know	What is your handedness? ☐ Righty ☐ Lefty
Females – Are you pregnant? If yes, how many months		☐ Yes ☐ No
Do you currently smoke or have you ever smoked?		☐ Yes ☐ No
If yes, for how many years?	How much per day?	When did you quit?

Have you ever had or currently have any of the following **Risk Factors**: *(Please mark all that apply)*

☐ Addiction	☐ Eating Disorder	☐ Irregular Heart Beat / Murmur
☐ Asthma	☐ Epilepsy / Seizures	☐ Light Headed / Dizziness / Vertigo
☐ Allergies / Allergic Reactions	☐ Fatigue / Lack of Energy	☐ Osteoporosis / Osteopienia
☐ Anemia / Blood Disease	☐ Fibromyalgia / Fibrositis	☐ Post Traumatic Stress Disorder (PTSD)
☐ Anxiety / Depression	☐ Glaucoma / Detached Retina	☐ Recent Surgery
☐ Arthritis / Bursitis	☐ Heart Disease / Heart Attack	☐ Recurring Headaches / Migraines
☐ Bone / Joint Problems	☐ Hernia / Rupture	☐ Sacroiliac Problems
☐ Chest Discomfort / Pain / Angina	☐ High / Low Blood Pressure	☐ Stroke
☐ Diabetes / Thyroid Condition	☐ High / Low Cholesterol	☐ Unexplained Falls / Fractures

Other Chronic Conditions:

Women Only:

☐ Menses onset 8-11 yrs (Pitta)	☐ Menses onset 11-13 yrs (Vata)	☐ Menses onset 14-18 yrs (Kapha)	☐ Infertility/Miscarriages (Vata)
☐ Caesarian Delivery	☐ Early Termination of Menses	☐ Menopausal Challenges	☐ Hysterectomy

If you circled any of the above, please explain in detail, and list age of onset:

Do you have any other bone/joint problems or physical ailments which would affect your yoga program? If so, please explain:

Do you have a family history of the following? If so, please state the relationship and age of onset:

Diabetes	☐ Yes ☐ No	
Heart Disease	☐ Yes ☐ No	
High Blood Pressure	☐ Yes ☐ No	
Stroke	☐ Yes ☐ No	

Please list any prescribed and/or over the counter medications or drugs including vitamins, dietary supplements and homeopathics you are currently taking, the dosage, and purpose for taking them:

Are there any other drugs that your doctor has suggested?

* If you checked any of the Risk Factors above, a medical evaluation and consent form is necessary. (See Page 5) *

YOUR GOALS & EXPECTATIONS

What do you expect to gain from having a yoga therapist?

What are your expectations of the role of your yoga therapist?

How many times would you like to meet with your yoga therapist?

How much time can you commit to your home practice?

What is your purpose for practice? What are your priorities for practice?

Do you have a time frame for achieving your goal?

Yoga is cumulative, how long will you commit? ☐ 3 months ☐ 6 months ☐ 9 months ☐ 1 year ☐ > 1 year

Check the box that best describes your fitness goals. Please check all areas in which you have an interest.

	Not Important	Important	Very Important
Improve cardiovascular fitness	☐	☐	☐
Improve digestion and elimination	☐	☐	☐
Reduce body fat or weight (diet & lifestyle)	☐	☐	☐
Reshape or tone body	☐	☐	☐
Learn specific postures or practices	☐	☐	☐
Improve flexibility (muscle stretching)	☐	☐	☐
Improve strength (muscle strengthening)	☐	☐	☐
Stabilization of joints	☐	☐	☐
Overall posture improvement	☐	☐	☐
Improve sleep	☐	☐	☐
Increase energy levels	☐	☐	☐
Pain Reduction	☐	☐	☐
Increase body awareness	☐	☐	☐
Breath awareness	☐	☐	☐
Greater sense of self or improved self-esteem	☐	☐	☐
Improve ability to feel emotions more fully	☐	☐	☐
Decrease anxiety or depression	☐	☐	☐
Overall stress reduction & ability to identify stressors	☐	☐	☐
Enjoyment, sense of peace & relaxation	☐	☐	☐
Deeper, richer spiritual life	☐	☐	☐
More satisfying personal relationships	☐	☐	☐
Finding greater fulfillment at work	☐	☐	☐
Feel better & healthier (all around wellness)	☐	☐	☐
	True	Somewhat True	Not True
I am motivated to exercise without being encouraged	☐	☐	☐
I enjoy doing regular exercise & physical activity	☐	☐	☐
I have a strong belief that exercise is good for me	☐	☐	☐
I am knowledgeable about fitness, exercise & yoga therapy	☐	☐	☐
I am capable of setting my own fitness goals	☐	☐	☐
I am committed to keeping track of my progress	☐	☐	☐
I am committed to achieving my fitness goals	☐	☐	☐

INFORMED CONSENT

I have read, understood, and completed this questionnaire and attest that the above information is true. I have been informed about the evaluation tests I will take and the benefits of the tests. Any questions I had were answered to my full satisfaction.

Signature: ______________________________ Date:

STUDENT WAIVER

Karen Pierce, e-RYT, PYT
11 Nettleton Ave
Newtown, CT 06470
(203) 470-6969

I, ______________________________ (print name) certify that the information provided is correct to the best of my knowledge. I will not hold Karen Pierce, e-RYT, PYT responsible for errors or omissions that I may have made in the completion of this form.

I also agree to have the assessment and consultations photographed to serve as guidelines for progress. Any photos of my face will remain confidential and not shared with others unless with my written permission.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Karen Pierce, e-RYT, PYT.

______________________________ Signature of Student, Parent or Guardian	Date

☐ Please include me on your private e-mail list to receive updated information and periodic newsletters from Karen Pierce, e-RYT, PYT. I will not share your information with anyone.

PLEASE RETURN THIS FORM TO:

Karen Pierce – 11 Nettleton Avenue – Newtown, CT 06470
Email: karenJpierce@earthlink.net
Fax: (203) 364-1295

* If you checked any of the Risk Factors on Page 2, a medical evaluation and consent form (below) is necessary. *

MEDICAL RELEASE FORM

Today's Date:

Physician's Name:			Phone:	
Physician's Address:		City:	State:	Zip:
Patient's Name:			Phone:	
Patient's Address:		City:	State:	Zip:
Date of Birth:	Age:	Height:	Weight:	

____________________________ has requested to participate in a yoga fitness program.
(Patient's Name)

Active participation in this yoga program requires your medical clearance. Please complete the form below and indicate advised limitations, if any.

Please check and describe medical conditions:

Condition	Description			
☐ High Blood Pressure	______________________________			
☐ Cardiovascular Disease	______________________________			
☐ Neuromuscular Disease	______________________________			
☐ Arthritis / Bursitis	______________________________			
☐ Osteoporosis / Osteopenia	______________________________			
☐ Foot or Knee Problems	______________________________			
☐ Neck or Back Problems	______________________________	☐ Cervical	☐ Thoracic	☐ Lumbar
☐ Lung / Pulmonary Disease	______________________________			
☐ Gastrointestinal Disease	______________________________			
☐ Gallbladder Disease	______________________________			
☐ Renal Disease	______________________________			
☐ Cancer	______________________________			
☐ Diabetes	______________________________			
☐ Obesity	______________________________			
☐ Metabolic Disease	______________________________			
☐ Hyperlipidemia	______________________________			
☐ Immune System Disease	______________________________			
☐ Psychological Disorder	______________________________			
☐ Eating Disorder	______________________________		☐ Anorexia	☐ Bulimia
☐ Depressions	______________________________			
☐ Pregnant	______________________________			
☐ Other	______________________________			

Physician's Comments regarding patient's medical condition(s), medications(s), allergies, etc.

Disposition:

☐ No participation in: ____

☐ Limited participation in: ____

☐ Full participation in: ____

Physician's Signature: ______________________________ Date: ______________

WHAT IS YOGA THERAPY

Yoga Therapy is a holistic and therapeutic application of Yoga and Ayurveda. It offers a unique perspective on health and healing distinct from the western allopathic model. The Yoga Therapy approach is based on the integration of body, mind and spirit through an experiential connection to the source of life. The entire life journey is a healing process of reunion with nature, self, other people, and spirit. A specific program is designed based on multi-dimensional principles and understandings of Yoga and Ayurveda that is specific for you and your individual needs.

Whether its structural alignment, movement without pain, developing strength, flexibility, relaxation, yogic breathing, relaxation techniques, or creating your own safe, home practice, sessions are tailored to meet your goals and needs. As we tap into your body's inner wisdom, your practice will be modified and the plan will change along with your changing needs.

Most yoga programs take approximately **10-12 weeks** to teach you the necessary body postures and sequences, yogic breathing, relaxation techniques, as well as other yogic tools such as chanting mantras, hand mudras, chakra energy work, and guided visualizations that may be beneficial.

Sometimes we all get too busy to keep up with our good intentions. I can return to help you maintain your progress. Weekly, monthly, semi-annual, and annual sessions are available to keep your home practice new and fresh.

FEE SCHEDULE

1) Initial phone consult to get to know one another and your goals.

2) I will e-mail a more formal questionnaire along with waiver to sign with our agreed schedule for future sessions.

3) First meeting with client is casual conversation which takes approximately 30 minutes. This is followed by a 60 min physical assessment and simple yogic tools will be suggested.

4) Yoga Therapy has 3 basic principles – Assessment, Adaptation & Relationship. After our initial meeting and assessment, I will provide a practice that meets your individual, multi-dimensional needs. This practice relies on developing a rapport and a connection between the two of us so that I may adapt an appropriate practice for you, based on your condition and goals.

5) At the end of our contract sessions, I will provide you (the client) with a list of the yoga tools to continue as a home practice.

Initial Assessment **$90 / hour**

Your yoga journey begins with a New Client Questionnaire and an in-depth personal consultation. Sessions begin with a postural evaluation, constitutional and conditional assessment. I will evaluate your current situation, determine the source of your challenges, gain an understanding of your habits, and discuss your goals. Together we will find the appropriate yogic tools that fit your needs. This in-depth assessment usually takes about 90 min.

Private Sessions

Yoga is a complementary healing modality typically working on a private, one-on-one basis, so that a person's individual situation and context can be understood and specifically addressed.

During private yoga therapy sessions, you will learn how to work in a loving and compassionate way to restore your health on every level. A personalized program of postures, breathing exercises and relaxation techniques is specifically designed to help restore peace and balance in your life. Yoga has been thoroughly researched and found to be effective for a wide variety of health issues.

Travel time is complimentary up to 30 miles each way. Otherwise, it is $90 / hour if more than a 30 min drive.

Payment will be due after each session. Any returned check will be charged a $30 service fee.

* In the Privacy of Your Own Home .... $75 / hour
* In My Home Yoga Studio .... $60 / hour

Packages of multiple sessions are also available at a discounted rate (5% discount) and are payable upon initial assessment. Packages are typically 12-week programs in your home or my home studio.

Cancellation Policy: Please notify me by telephone 24 hours in advance if you need to reschedule; otherwise, you will be charged for the session.

Additional Services

Semi-Private Sessions can be shared between 3-4 students for additional savings.

* Group Sessions / Yoga Party .... $15 / person
* Corporate Yoga .... $90 / hour

Speaking Engagements

Yoga Therapy is an interesting topic and something that benefits everyone.

HERE'S WHAT YOU CAN EXPECT FROM ME

- I will be on time. If I'm not your session is free!
- It is not within my scope of practice to diagnose you or recommend medication. (Please see your physician if you have any questions.)
- I will evaluate your condition and current capabilities on all dimensions (physical, breath, mental, emotional, and spiritual state).
- I will create a yoga program that respects those capabilities, while at the same time bringing the needed changes to body, mind, and emotional state. This is not easy, and it happens over a number of visits.
- 4 weekly visits are required for new students to develop a personal home practice that they are comfortable with. Your commitment to 10-12 weeks will have the most beneficial impact in learning the necessary yogic tools for long-term wellness.
- Each session is tailored to your individual needs. It is your experience in the present moment that will guide the pace and flow of the session.
- I may occasionally use hands-on assistance to help you move into a pose, to help you find your center of balance, support you in finding a deeper expression of the pose, or for your own safety. I will ask for your permission to do so. If you prefer not be touched, just let me know.
- I am not here to "fix" you but instead support you to learn to read your body's messages and invite you to experience and understand your own inner knowledge.
- I will keep your personal information confidential. I follow the Yoga Alliance and IAYT Code of Ethics.
- I am fully insured.

HERE'S WHAT I EXPECT FROM YOU

- No experience of yoga is required nor do you need to be flexible.
- To come with an open mind…and leave with an open heart.
- Know your limits. The rewards of yoga outweigh the potential physical risks as long as you take caution. Yoga injuries are most commonly caused by overzealousness, unrealistic expectations, poor technique, and unknown pre-existing conditions.
- When you listen to your body's wisdom, it will reveal its story to you.
- If you are late, the session will not be extended to make up the time unless I do not have a client following your session.
- Please notify me by telephone 24 hours in advance if you need to reschedule.
- I am customarily paid at the end of each session. I accept cash, checks, and all major credit cards.
- If you are delighted with my services, please refer me to your friends, family, neighbors, and colleagues!

THANK YOU!!!

Thanks for filling out this form! It will make the evaluation process much more efficient. It's best if you email it to me before our session, but you can also give it to me when we get together. This form is always being improved and refined, so if you have any suggestions for changes to it, please let me know.

I'm looking forward to working with you on your organizing project.

PLEASE RETURN THIS FORM TO:

Karen Pierce – 11 Nettleton Avenue – Newtown, CT 06470
Email: karenJpierce@earthlink.net
Fax: (203) 364-1295

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