

HEARTSPACE
NEW CLIENT INTAKE FORM

Please complete the form to the best of your ability. The information provided will remain confidential and will help me prep for your scheduled appointment/ session. Feel free to skip any questions you may find too uncomfortable. Please let me know if you have any questions.

Name (first & last): _____ DOB: _____

Phone: _____ Pronouns: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to you: _____

How did you hear about us? Website Facebook Instagram Other _____

Referred by: _____

Reason for your appointment: _____

What do you hope to gain from this session? _____

Previous Yoga experience: _____

Previous Meditation experience: _____

Previous Pranayama/ Breathwork experience: _____

List any concerns you have: _____

HISTORY

Please describe your present state of health (Ex. Insomnia, headaches, fatigue, stomach ache etc):

Do you have any injuries/ sensitive areas of your body that you want me to be aware of?

On a scale from 0 - 10 (0 meaning no stress and 10 meaning high stress)
Rate your **stress level**. (circle one)

1 2 3 4 5 6 7 8 9 10+

Please describe:

On a scale from 0 - 10 (0 meaning no pain and 10 meaning high pain)
Rate the amount of **physical pain** you feel in your body. (circle one)

1 2 3 4 5 6 7 8 9 10+

Please describe:

What is the **state of your emotions**? Please describe.:

Please check any of the following that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anxiety or Depression | <input type="checkbox"/> Fibromyalgia or other nervous system conditions |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Low Self-Esteem |
| <input type="checkbox"/> Alzheimer's/ Dementia | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Artist Block |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fertility Issues | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches/ Migraines | <input type="checkbox"/> Weight Issues |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High/ Low blood Pressure | <input type="checkbox"/> Guilt Feelings |
| <input type="checkbox"/> Heart disease/ Stroke | <input type="checkbox"/> Insomnia/ Difficulty Sleeping | <input type="checkbox"/> Surgical Anxiety |
| <input type="checkbox"/> Hormonal changes/ imbalances | <input type="checkbox"/> Recent surgery/ current injuries | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Unresolved Current Trauma | <input type="checkbox"/> Death or Loss |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Concentration/ Memory | <input type="checkbox"/> Change at work/ home / move |

Please provide more information if you checked any of the above. _____

Any other conditions you feel I should be aware of? _____

Is there anything else that you'd like me to know? _____

Privacy Policy: Your privacy is protected by law. The information on this form is for internal use only and will help use enhance our workshops and events.

Cancellation policy: There is no cancellation fee for sessions canceled within 6+ hours before a scheduled start time. Sessions canceled under 6 hours are subject to a cancellation fee. Sessions canceled within 2 hours of the start of a session will be charged the full cost of the session.

Waiver of Liability: I understand that I am participating in the class/ session at my own risk. I release Heartspace Circle, LLC. or any affiliated instructors from liability for any injuries arising from my participation in these classes/ sessions.

Hypnosis: I hereby agree and request to be hypnotized and acknowledge that hypnosis represents a potentially powerful mental and physical regulating tool. I understand that personal results will vary and that there are no expressed or implied guarantees or warranties of results. I am fully informed on the nature and usefulness of hypnosis. Further, I am aware that this program is non-medical in nature and for any changes in medications I will consult my health practitioner.

Yoga/ Yoga Nidra: Yoga is supplementary to any physical or mental health management and should not replace any therapies or medications that have been prescribed by a doctor.

Substance Free Policy: To participate in any private session you agree to be free of any substances that alter your mind or mood. Failure to adhere to this policy will result in a session cancellation and will be treated as a no show and charged the full cost of the session.

By signing below I verify that I have read and understand the privacy policy, the cancellation policy, and the waiver of liability and the substance free policy for Heart Space Circle, LLC.

Signature: _____ Date: _____