



Hello,

Congratulations on your decision to participate in a private confidential therapeutic yoga session. Your participation in this program could very well be one of the most impactful decisions you've ever made in your life. If you commit to this process and to the integration of the materials into your personal and professional life, you will most certainly see dramatic positive changes in all areas.

The following confidential questionnaire is designed to allow me to identify key areas in your life to focus on. As you will discover, this goes into many areas of your life with the understanding that each area has an impact on your ability to live the balanced, fulfilling, healthy life that you truly want.

As with any program, the key to success starts with YOU! If you are committed to showing up authentically and fully, you will experience amazing results.

Here's to your success!

Jennifer Emperador

“And suddenly you know...It's time to start something new and trust the magic of beginnings”

T: 602.502.0307 ☯ S: imemprwd

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Name (Last, First)	Telephone:
Email:	Skype:
Address:	City/State:
Are you under the care of a psychotherapist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate:
If yes, please provide their name & number:	Emergency Contact Name & Telephone:

Intake & Release Form Therapeutic Yoga Consult

Rate your symptom pain scale (10 being the highest): Physical _____ Emotional _____

General & Medical Information

Do you have any of the following conditions? If checked, please explain below as clearly as possible:

- Stress
- Allergies
- Diabetes
- Back pain
- Wear contact lenses
- Contagious disease
- Pregnant
- Cancer
- Cardiac/Circulatory problems
- Arthritis
- Very sensitive to touch or pressure
- Numbness or stabbing pains
- Tension or soreness in a specific area
- Surgery in the past 5 years
- Accident or suffered any injuries in the past 2 years (broken bones, etc.)
- Other medical conditions not listed below
- Frequent headaches
- Epilepsy/seizures
- Bruise easily
- Joint swelling
- Varicose veins
- Insomnia
- Depression
- Anxiety
- Bipolar disorder
- High blood pressure

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General & Medical Specifications:

I understand that the yoga consultation I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the technique may be adjusted to my level of comfort. I further understand that a yoga consultation should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that yoga practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because yoga practitioners should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the yoga practitioner updated as to any changes in my medical profile during the session and understand that there shall be no liability on the yoga practitioner's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the yoga practitioner reserves the right to refuse a session to anyone whom he/she deems to have a condition for which the techniques of yoga are contraindicated.

Client Signature

Date

Jennifer Emperador, Practitioner

Date

Disclaimer: Sol Discovery does not provide medical diagnosis, or consultations related to health, medical or psychiatric issues; nor does it serve as substitute for medical or psychological diagnosis and treatment. It is recommended you see a licensed physician or licensed healthcare professional for any physical or psychological ailments you may have.

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