



# Holistic Therapy Works

## Yoga Consultation Form

Name: .....

D.O.B: .....

Tel Number: .....

Mobile: .....

Email: .....

Address: .....

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G.P Name: ..... Number: .....

Emergency contact: ..... Number: .....

Please give details of any health conditions/disease's/injuries/ or surgery below:

Please include medication names and purpose in space below:

Please tick that which is relevant to you:

Trying to get pregnant?

Pregnant?

Menopausal?

Post menopause?

None, I'm male!

Do you smoke? \_\_\_\_\_ How many? .....

Do you drink alcohol? \_\_\_\_\_ How much? .....

How many caffeinated drinks per day? \_\_\_\_\_

Do you exercise? \_\_\_\_\_

What sort? \_\_\_\_\_ How often? .....

Do you have specific dietary requirements/preferences? Please state:

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Please use this space to include any information or comments:

Declaration: I confirm the information I have given is correct and I have not withheld information relevant to my yoga tuition.

I accept full responsibility for any injury's caused by not following the instructions given.

It is my responsibility to listen to and adhere to the limits of my body.

Cancellation Policy: Any cancellations made 48 hours before your appointment will be fully refunded. Cancellations made before 24 hours of your appointment will be allowed a 50% refund. Cancellations made within 24 hours of your appointment will be fully charged. If you do not turn up for your appointment without cancelling beforehand you will be charged the full amount.

Date:

Client Signature: .....