



# Fox Valley School of Massage

Post Office Box 615 • Neenah, WI 54957-0615

Phone: (920) 915-0744

www.FVSM.org

5/16/19

## Heckrodt Wetland Wellness – Yoga Classes

Class Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred By: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Contact: (name/phone) \_\_\_\_\_

Are you currently consulting with any healthcare practitioner: \_\_\_\_\_

If so, why? \_\_\_\_\_

What is your yoga level? \_\_\_ New \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

What are your major goals in participating in a yoga program? \_\_\_ Flexibility

\_\_\_ Stress reduction \_\_\_ Help with depression/anxiety \_\_\_ Relaxation

\_\_\_ Weight control \_\_\_ Energy & vitality \_\_\_ Muscle-toning \_\_\_ Coordination

Please list and explain all medications including aspirin and herbal remedies that you are currently taking: \_\_\_\_\_

Please list all surgeries, hospitalizations, injuries, accidents, and illnesses: \_\_\_\_\_

Do you have a prior history of fainting or seizures? Yes / No. If yes, please explain: \_\_\_\_\_

### MUSCULO-SKELETAL

\_\_\_ bone or joint disease \_\_\_\_\_

\_\_\_ broken / fractured bones \_\_\_\_\_

\_\_\_ arthritis \_\_\_\_\_

\_\_\_ tendonitis / bursitis \_\_\_\_\_

\_\_\_ lupus \_\_\_ jaw pain \_\_\_ TMJ \_\_\_\_\_

\_\_\_ sprains / strains \_\_\_\_\_

\_\_\_ low back, hip, leg pain \_\_\_\_\_

\_\_\_ neck, shoulder, arm pain \_\_\_\_\_

\_\_\_ headaches / head injuries \_\_\_\_\_

\_\_\_ spasms / cramps \_\_\_\_\_

\_\_\_ pins / plates or surgical implants \_\_\_\_\_

\_\_\_ other \_\_\_\_\_

### CIRCULATORY / RESPIRATORY

\_\_\_ heart disease / condition \_\_\_\_\_

\_\_\_ blood clots \_\_\_\_\_

\_\_\_ blood pressure \_\_\_ high \_\_\_ low

\_\_\_ asthma / breathing difficulty \_\_\_\_\_

\_\_\_ sinus problems \_\_\_\_\_

### DIGESTIVE

\_\_\_ constipation \_\_\_\_\_

\_\_\_ gas/bloating \_\_\_\_\_

\_\_\_ irritable bowel syndrome \_\_\_\_\_

\_\_\_ abdominal pain \_\_\_\_\_

\_\_\_ gastric / acid reflux \_\_\_\_\_

\_\_\_ other \_\_\_\_\_

### NERVOUS SYSTEM

\_\_\_ peripheral neuropathy \_\_\_\_\_

\_\_\_ nerve compression \_\_\_\_\_

\_\_\_ numbness / tingling \_\_\_\_\_

\_\_\_ chronic pain / fatigue \_\_\_\_\_

\_\_\_ multiple sclerosis \_\_\_\_\_

\_\_\_ varicose veins \_\_\_\_\_

\_\_\_ lymphedema \_\_\_\_\_

\_\_\_ allergies, specify \_\_\_\_\_

\_\_\_ asthma \_\_\_\_\_

\_\_\_ other \_\_\_\_\_

**OTHER**

\_\_\_\_\_ diabetes: Type I \_\_\_\_\_ Type II \_\_\_\_\_  
\_\_\_\_\_ depression \_\_\_\_\_  
\_\_\_\_\_ hearing aids \_\_\_\_\_  
\_\_\_\_\_ glaucoma \_\_\_\_\_  
\_\_\_\_\_ cancer / tumors \_\_\_\_\_  
\_\_\_\_\_ prosthetics \_\_\_\_\_  
\_\_\_\_\_ vision disturbances (blurring, blind spots, etc.) \_\_\_\_\_  
\_\_\_\_\_ sleep disorders \_\_\_\_\_

**REPRODUCTIVE / URINARY**

\_\_\_\_\_ pregnant? Stage \_\_\_\_\_  
\_\_\_\_\_ PMS \_\_\_\_\_  
\_\_\_\_\_ kidney / urinary infections \_\_\_\_\_  
\_\_\_\_\_ other \_\_\_\_\_

**SKIN**

\_\_\_\_\_ allergies (nuts / seafood / latex) \_\_\_\_\_  
\_\_\_\_\_ rashes \_\_\_\_\_  
\_\_\_\_\_ athletes foot or \_\_\_\_\_ warts \_\_\_\_\_ other \_\_\_\_\_

**Please initial after each statement.**

I understand that yoga practitioners do not diagnose illness, disease, or any physical or emotional disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that yoga is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. \_\_\_\_\_

I have stated all medical conditions that I am aware of and will update Fox Valley School of Inc. (FVSM) of any changes in my health status. \_\_\_\_\_

**Agreement and Liability Release.**

I hereby stipulate that I am physically sound to proceed with instruction in the yoga or body movement program, class, workshop, event or activity sponsored by Fox Valley School of Massage Inc. (FVSM). It is further agreed that all exercises and lessons shall be undertaken at my sole risk and that FVSM Yoga and representative instructors, shall not be liable for injuries or damages to my person or property arising out of or connected with, the use of services or facilities of FVSM Yoga. An instructor must be aware of existing physical conditions; hence I have stated all known medical conditions and take it upon myself to keep the instructors updated on my physical health. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

I have carefully read this agreement and understand its contents. I am aware and agree that it is a complete release of liability for any injuries or damage that I may sustain due to programs, classes, workshops, events or activities with Fox Valley School of Massage Inc. (FVSM) and its instructors, therapists or representatives.

I also understand that my payment is non-refundable should I choose not to or are unable to attend.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Emergency Contact Name and Number:** \_\_\_\_\_

**FVSM Staff-Teacher Signature:** \_\_\_\_\_

---

---

**Consent of Participation for a Minor for YOGA Class:** By my signature, I hereby authorize FVSM to teach YOGA to my child or dependent as they deem necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date