

My One On One Registration Form

Name:

D.O.B:

Address:

Post Code:

Email:

Phone:

How did you hear about us?

Referred by:

Occupation:

Sex:

Contact in emergency:

GP name and address:

About You

What is it you want to improve on?

Give a description of your present complaints

i.e. body, mind and emotions

Give a description of your previous medical history

i.e. childhood illnesses, major illness, accidents, surgery, epilepsy, allergies

Do you have a family history of illness?

i.e. Diabetes, Heart disease, Asthma...related to C/O?

Any serious illness ☐yes (give details) ☐no

Are you currently taking any supplements and/or medication? (give details)

i.e. antibiotics etc., vitamins

Do you have any problems with your muscular system? (give details)

i.e. neck, back, rheumatism, aches and pains, stiff joints

Do you have any problems with your joints? (give details)

Have you had any serious accidents? (give details)

Do you suffer any undiagnosed pains? (give details)

Do you have any loss of functions? (give details)

Your Nervous System

i.e. sensitive, migraine, tension, stress, depression, anxiety

Do you suffer from headaches? (give details)

Do you suffer from any numbness? (give details)

Do you have any loss of sensations? (give details)

Please describe your stress levels (1-10, with 10 being the most stressful)

at home:

at work:

How is your ability to relax:

Do you take time for yourself, and if so how many hours per day?

Sleep patterns

Describe your sleep patterns:

How many hours of sleep on average do you get?

Your Cardiovascular System

i.e. heart, fluid retention, tired legs, varicose veins, cellulite, kidney problems

High B.P. ☐yes (give details) ☐no

Ever feel dizzy ☐yes (give details) ☐no

Palpitations ☐yes (give details) ☐no

Your Gastrointestinal Tract

i.e. constipation, diarrhoea, bloating, wind, heartburn, liver/gall bladder, stomach

How many bowel movements per day do you have?

Do you have any stomach acidity? ☐yes (give details) ☐no

Do you suffer from indigestion? ☐yes (give details) ☐no

Eating habits

How many meals a day?

How much of the following in a typical week do you eat:

processed food: (times)

take away: (times)

cook from fresh: (times)

added salt: (times)

meat: (times)

chicken: (times)

fish: (times)

other protein (source): (times)

dairy: (times)

vegetables: (times)

fruit: (times)

treats: (times)

chocolate: (times)

sweets: (times)

crisps: (times)

savoury snacks: (times)

Are you or have you been following any diets? ☐yes (give details) ☐no

How many cups/glasses of the following do you drink a day?

water:

fruit juice:

herb teas:

tea:

coffee:

fizzy drinks:

alcohol:

Do you eat with attention? ☐yes ☐no

If no, what typically distracts you while you are eating:

Respiratory system

i.e. bronchitis, sinusitis, ear troubles, asthma

Colds: ☐yes (give details) ☐no

Sinus problems: ☐yes (give details) ☐no

Reproductive system *(if female)*

i.e. irregular periods, PMT, menopause, HRT, pill, coil, other:

Cycle in days?

How many pregnancies?

How many children?

General health

i.e. look, mouth ulcers, bleeding, condition, other

Hair condition:

Nails condition:

Gums condition:

Do you see a dentist regularly every six months? ☐yes ☐no

Skin

i.e. psoriasis, eczema, dermatitis, other

Allergies ☐yes (give details) ☐no

Detail any skin conditions:

Social history

Professional life

Detail your job:

Do you see day light in the work place?

Home life

i.e. habits and hobbies

Do you take regular exercise? ☐yes (give details) ☐no

Do you drink alcohol regularly? ☐yes (give details) ☐no

Do you smoke? ☐yes (give details) ☐no

Any other addictions? ☐yes (give details) ☐no

Are you receiving any other treatment or therapy? ☐yes (give details) ☐no

Have you done Yoga before? ☐yes ☐no

If so, which style:

How often did you practice?

Are you happy to practice at home and build Yoga and other routines into your life?

What time of the day would be best for 15 min. of Yoga practice? (*Morning/Afternoon/Night*)

And finally...

Is there anything you would like to add that I haven't asked?

Is there anything you would like to ask?

Waiver

Release of Liability, and Assumption of Risk Agreement to Participate

Please read the following carefully, sign and date at the bottom. This is part of our standard procedure, one common to many yoga studios.

Thank you for taking the time to do this.

- In consideration of being allowed to participate in yoga classes, personal training, events and activities With My One on One, I agree to waive my rights to ordinary negligence issues, understanding that yoga and PT includes physical exercise and movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension.
- As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.
- I understand that it is my responsibility to advise my teacher/coach of any physical conditions which may limit my participation in exercise to work within my limitations.
- If I experience any pain or discomfort, I will listen to my body, adjust the posture, and advise 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 practice and/or specific poses are not recommended and are not safe for individuals with certain medical conditions.
- I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation.
- I affirm that I alone am responsible to decide whether to practice. I have no medical condition which would prevent me from taking part 1-2-1, classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation.
- I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against My One on One, its agents, owners, officers, directors, instructors, sponsors, and other participants, and the owners, lessor, and lessees of the premises as a result of my participation in any My One on One sessions, classes, events or activities.
- I hereby agree and covenant not to make a claim against, sue or attach the property of My One on One or any of its affiliated organizations or above mentioned parties.
- I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.
- *By registering for classes at My One on One, all students agree to the terms and conditions of the preceding Waiver, Release of Liability, and Assumption of Risk Agreement to Participate.

Please sign and date before your first class
