ATLAS health therapy

YOGA
Health History Intake Form

Restore, Rejuvenate, Realign

Name: _____ Phone: (H) _____

(W) _____

DOB: _____ (C) _____

Email: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Family Doctor: _____

Occupation: _____ Employer: _____

How did you hear about us? _____

***Ask about our referral program to save on your next visit.*

Medical Health

Current medications or supplements (drugs, vitamins, herbs, etc.):

_____

Allergies (food, drugs, etc.):

_____

Traumas (accidents, falls, scars, emotional traumas inc.):

_____

Surgeries & medical conditions (including dates):

_____

_____

Are you or could you be pregnant? Yes No

Please list any other therapies you are currently going to for your body & for what reason.
ie) Massage, Chiropractic, Podiatry

_____

_____

_____

General Health

Please rate your current: (1=poor, 5=excellent)

Quality of Sleep: 1 2 3 4 5

Energy Levels: 1 2 3 4 5

Overall Contentment with Life: 1 2 3 4 5

How satisfied are you with your eating habits

1 2 3 4 5

How do you think you could improve your diet?

_____

_____

How active are you on a weekly basis (including walking, swimming, running, biking, hiking, yoga, pilates, gym, etc.)

Never Once Sometimes Often Everyday

Please list any regular hobbies, activities or sports you play:

_____

_____

How often does pain limit you from exercise or activity on a weekly basis?

Never Once Sometimes Often Everyday

Health History

Do you currently or have you had any problems related to the following systems? Please check off and describe the conditions that relate to you.

Musculoskeletal
- ☐ *Muscle tightness*
- ☐ *Muscle weakness*
- ☐ *Muscle pain/achiness*

Joint Health
- ☐ *Degenerative conditions*
- ☐ *Inflammatory conditions*
- ☐ *Unstable or frequently dislocated joints*
- ☐ *Scoliosis*

Disc Related Injuries
- ☐ *Bulging Disc(s)*
- ☐ *Herniated Disc(s)*
- ☐ *Degenerative Disc(s)*
- ☐ *Fused Joints*

Neurological
- ☐ *Dizzy Spells*
- ☐ *Numbness/Tingling*
- ☐ *Other:*

Bone Health
- ☐ *Osteopenia/Osteoporosis*
- ☐ *Arthritis*

Cardiovascular
- ☐ *Chest Pain*
- ☐ *Numbness/Tingling*

Other:
- ☐ *Bursitis*
- ☐ *Hernia*
- ☐ *Anemia (low iron)*
- ☐ *Epilepsy/Seizures*
- ☐ *Diabetes (Type 1/Type 2)*
- ☐ *Unstable Balance*
- ☐ *Sciatica*
- ☐ *Hypoglycemic*

- ☐ *Other:*

Yoga History

Have you practiced yoga before? *Never* *Once* *A Few Times* *Several Times* *Many Times*

How often do you practice yoga currently? _____

Is there anything about yoga that you have experienced that you particularly like or dislike? _____

_____

Goals

What are you hoping to achieve through Yoga practice? Please list 3 benefits you hope to receive.

_____

_____

_____

Privacy Statement

I authorize the collection and use of personal information as is required for therapeutic treatment and related administrative purpose. I understand that all of my personal information is confidential and will not be released without my signed consent.

I certify that the forgoing information supplied to me is true and complete to the best of my knowledge. I understand that I am required to disclose my involvement in any WCB, ICBC, or other medical-legal disputes. I understand I retain the right to refuse or stop any treatment that is being given at any time. I understand the practitioner retains the right to refuse treatment of any client if the provisions of such treatment pose risk or harm to either the client or the practitioner. I understand that if under the age of 18 I must have a parent and/or guardian sign consent to have any massage therapy treatment. I consent to treatment.

Cancellation:

I agree to give 24-hours notice to change or cancel my appointment. Otherwise, I will expect to be charged the full treatment fee.

Responsibility:

I agree to attend my scheduled appointment on time and to abstain from the use of drugs or alcohol prior to treatment. I understand and realize that no claims, promises or guarantees are being made. I accept both the risk and effectiveness of all treatment.

Signature: _____ *Parent/Guardian Signature:* _____

*Date:*_____