

<b>For Office Use Only</b>		
First Session or Contact: _____	Date: _____	With: _____
Entered into OmSoft by: _____	Bought: _____	Medical Alert: _____

***WiseWays* HEALTH / INFORMATION / RELEASE FORM**  
**Please Print**

First name you prefer: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact—Name, Relationship & Phone Number: \_\_\_\_\_

Recreational physical activity: \_\_\_\_\_

Previous yoga, movement, or bodywork experience: \_\_\_\_\_

Hopes/Expectations: \_\_\_\_\_

**How did you learn about *WiseWays*?**

Friend/Family \_\_\_\_\_ Website/Search \_\_\_\_\_ Saw studio \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Gentle Wind \_\_\_\_\_

poster or brochure (where?) \_\_\_\_\_ an ad (which publication?) \_\_\_\_\_

Other \_\_\_\_\_

**The following information assists us in serving you.**

**ALL INFORMATION IS CONFIDENTIAL, utilized only by *WiseWays* teachers for your benefit.**

*If you are pregnant you cannot do the regular yoga. Contact us to enroll in Prenatal Yoga.*

<p><b>For <i>PRENATAL STUDENTS</i> :</b> When is your due date? _____ Number of other pregnancies? _____</p> <p>Describe any complications from previous pregnancy/deliveries _____</p> <p>_____</p> <p>_____</p>
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**For Everyone**

Major surgery, accidents or injuries (approximately how long ago?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any challenges or difficulty:

- sleeping  walking  sitting  sitting on the floor  standing  lying down  bending  changing positions

Are you taking the following medications regularly?

- High blood pressure  Anti-inflammatory  Pain killers/muscle relaxers

CONTINUED ON BACK



Check any of the following conditions that are applicable:

- Allergies
- Arthritis— Osteo or  Rheumatoid
- Asthma
- Cancer
- Colitis/Krohns
- Depression and/or  Anxiety
- Diabetes
- Dizziness and/or  Inner Ear Problems
- Epilepsy or  a Siezure Disorder
- Fatigue

Describe \_\_\_\_\_

- Glaucoma
- Headaches—How often? \_\_\_\_\_ Are they migraines? Y N
- Heart Challenges  
Describe \_\_\_\_\_
- Hepatitis
- Hernia
- Herniated, Bulging or Degenerated Disc: Which disc(s) \_\_\_\_\_

High Blood Pressure—Is it controlled? Y N

Immune Challenges  
Describe \_\_\_\_\_

- MS
- Osteoporosis
- PMS/Challenges with Periods
- Sinus,  Lung, and/or  Bronchial Challenges
- Stroke
- Ulcers
- Other—Describe \_\_\_\_\_

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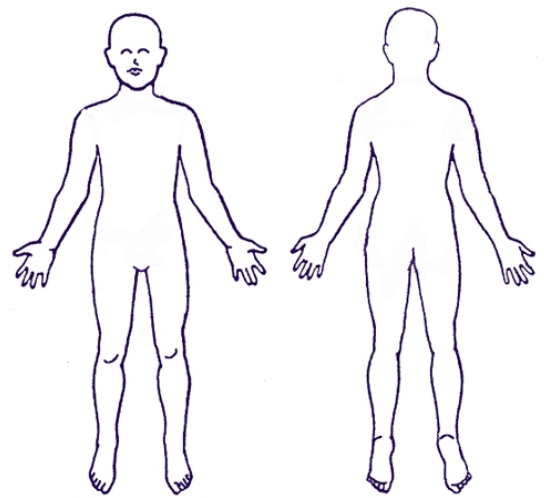
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**Muscle Tension/Numbness**

• Please draw (or outline your body indicating any area(s) of ongoing discomfort:



• Please describe your discomfort:

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Do you have fibromyalgia? Y N  
If so where?

Any numbness or tingling? Y N  
If so where?

- The undersigned hereby acknowledges and understands that the classes/events at *WiseWays* are for entertainment and educational value only and are not to be construed or relied upon for any other purpose.
- The undersigned further agrees to hold *WiseWays* /Michele Mangione and consultants harmless and release them from any liability whatsoever both now and in the future.
- The undersigned further understands and agrees that all fees are non-refundable.
- I am signing this release after fully reading and understanding the above terms.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
parent or guardian signs for individuals under 18 years

THANK YOU