

## Client Information Sheet

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

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

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

Email: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

Date of Birth: mo \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

General work load/activity level: \_\_\_\_\_

Exercise Routine: \_\_\_\_\_

# of times/week \_\_\_\_\_

General Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug, Alcohol, Cigarettes, Coffee usage: \_\_\_\_\_

Worst season: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Best time of day: \_\_\_\_\_ Worst time of day: \_\_\_\_\_

Usual bed time: \_\_\_\_\_ Usual wake-up time: \_\_\_\_\_

Typical physical tension: \_\_\_\_\_

Medications & Medical history/considerations: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

I certify that the above confidential information is correct and I am aware of nothing that would contraindicate me receiving Shiatsu/Thai Yoga Bodywork and/or Private Yoga sessions.

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

\_\_\_\_\_  
**Date**

## Private Session Letter of Agreement/Release

I AGREE TO RECEIVE Shiatsu/Thai Yoga Bodywork and/or Private Yoga from Kristin Andrews. I understand that these sessions are for the well being of my body, mind and spirit and are not forms of medical treatment or psychotherapy. If I need medical treatment and/or counseling, I will seek appropriate services outside this Shiatsu/Thai Yoga Bodywork and/or Private Yoga setting.

The following are expectations and guidelines that both giver and receiver understand and agree to abide by:

1. Sessions will last approximately 55 minutes unless agreed upon differently by both giver and receiver.
2. Fees shall be agreed upon in advance and paid at the time of the session. **Cancellations must be made at least twenty-four (24) hours in advance of an appointment or the receiver will be liable for the full session fee.**
3. Clear and honest communication between both parties is expected; all records and information will be kept strictly confidential. Discussion of the receiver's sessions with another profession working with the receiver will occur only with written consent from the receiver.
4. Shiatsu/Thai Yoga Bodywork and/or Private Yoga may in no way be used for sexual activity of any sort. Any sexual action by either party is grounds for stopping the session.
5. Techniques applied will be varied according to the receiver's needs and desires, and upon the giver's consideration of those needs and desires. The receiver's comfort zone for touch and pressure will be honored by the giver (within personal, professional and ethical limits).

I, \_\_\_\_\_, understand and agree to the above conditions and wish to receive Shiatsu/Thai Yoga Bodywork and/or Private Yoga from Kristin Andrews. No guarantees or warranties have been made to me as to the value of benefit of these procedures. I generally release and discharge Kristin Andrews from any responsibility or liability from these procedures. I understand that I have the right to discontinue sessions at any time for any reason.

I understand this form fully and have had ample opportunity to ask any questions that I may have regarding its contents.

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Receiver's signature

Date:

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Giver's signature

Date: