

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.

Patient 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 the patient and Kristin Andrews understand and agree to abide by:

1. Sessions will last approximately 55 minutes unless agreed upon differently by both giver and receiver.
2. Fee's 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 patient 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 patient's sessions with another profession working with Kristin Andrews will occur only with written consent from the patient.
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 patient's needs and desires, and upon the consideration of those needs and desires. The patient's comfort zone for touch and pressure will be honored by the Kristin Andrews (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.

Patient Signature

Date:

Kristin Andrews Signature

Date: