

Mats Down, LLC

Julie Gondzar, CYT

Email: julie@matsdown.com

<u>Tel</u>: 970-231-1618

CLIENT IN-TAKE QUESTIONNAIRE

CLIENT INFORMATION						
Last Name:		First Name:				
Mailing Address:		City/State/Zi	o:			
Phone Number:		Email Addres	s:			
Birthday (Month/Day):		Occupation:				
			<u> </u>			
EMERGENCY CONTACT INFORMATION						
Emergency Contact:		Relationship:				
Emergency Contact Tel:		Contact Emai	l:			
			'			
HEALTH AND WELLNESS INFORMATION						
Do you have any injuries (past or present)?						
Do you have pain (chronic or recent)?						
Do you have mental health concerns?						
Do you have any mental or physical limitation?						
What are some key stressors in your life?						
<u>Circle</u> what describes your daily movement:	Sedentary	Somewhat Active Very Active		Very Active		
HEALTH AND MEDICAL HISTORY (mark with "X" for all items that apply)						
Cardiac Issues	Spinal Disk Injury		Shoulde	r Injury		
High Blood Pressure	Neck Injury or Stiff	fness	Hip Injury			
Low Blood Pressure	Low Back Pain		Pelvis Injury			
Sciatic Nerve Pain	Joint Replacement	Surgery	Arthritis			
Stroke	Knee Injury		Vertigo			
Migraines	Lung Disease		Other: (explain)			
Are you pregnant?						



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BACKGROUND EXPERIENCE						
Mark with "X" the following items you previous experience with.						
Yoga Classes	Dancing	Martial Arts				
Yoga Videos/DVDs	Stretching Classes					
WHAT ARE YOU INTERESTED IN LEARNING?						
Mark with "X"						
Yoga for Overall Wellness	Yoga for Pain Management	Meditation				
Yoga for Weight Loss	Mind-Body Connection					
Yoga for Stress Management						
What do you want to accomplish (short-term)?						
What do you want to accomplish (long-term)?						
What is your biggest fear, concern or hesitation regarding a yoga practice?						

INSTRUCTION OPTIONS AND PRICING (All lessons are 1-hour unless otherwise negotiated)				
First Visit and Consultation (optional)	FREE (30-45 minutes)			
Private One-on-One Yoga Lesson	\$50.00*			
Semi Private Yoga Lesson (2-4 people)	\$80.00* (split between participants)			
Group Yoga Lesson (up to 20 people)	TBD (dependent on group size and location)			
Accepted Payment:	CASH or CARD only			



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PRIVACY POLICY

Your privacy is very important. All personal information offered, whether on paper or during sessions, will be kept private and only used to help provide the highest quality service and support.

CANCELLATION FEES AND RETURN POLICY

- If lesson cancellations are made *less* than 24 hours in advance of the pre-scheduled time, full payment will still be charged.
- If cancellations are made *more* than 24 hours in advance, the session can be rescheduled or payment will be fully refunded.
- If semi-private lessons are reduced to one person, the private lesson rate will be charged.
- Private group classes are non-refundable if cancelled.
- Lesson packages are non-refundable if cancelled, however cancellation of a prescheduled lesson can be rescheduled.

WAIVER	
I (print name) unders movements as well as an opportunity for relaxation, stre joint tension. As is the case with any physical activity, the disabling, is always present and cannot be entirely elimin discomfort, I will listen to my body, adjust or come out of the instructor.	e risk of injury, even serious or nated. If I experience any pain or
If I have a medical concern, I will consult my doctor befo substitute for medical attention, examination, diagnosis recommended nor safe under certain medical conditions decide whether to practice yoga. I hereby agree to irrevo I have now or hereafter may have against Julie Gondzar	or treatment. Yoga is not s. I affirm that I am responsible to ocably release and waive my claims that
Signature of student, parent or guardian	Date