

Welcome

Please take a few moments to answer the following questions.

Name _____ Phone _____

Email _____ Date of Birth _____

What do you do for work?

What activities do you regularly engage in outside of work?

Have you had any surgeries, accidents, or injuries in the past 12 months? Please explain.

What other health conditions (past or present) play an important part in your life?

Are you currently using any medications, herbal remedies or supplements?

What do you feel in your body today?

What are your goals for our work together?

By signing this release, I hereby acknowledge that the services offered today are not a substitute for medical care. I understand that Liz Maynard is not qualified to diagnose, prescribe, or treat physical or mental illness. I hereby waive and release Liz Maynard from any and all liability, past, present, and future relating to private yoga instruction and bodywork.

Signature _____ Date _____