

Kettle Moraine Counseling

PERSONAL INFORMATION FORM & MEDICAL CONSENT WAIVER:

*Confidentiality of the following information is maintained exclusively by Kettle Moraine Counseling. This info is necessary for the safety of each participant. Please fill out everything accurately and honestly. Thank You!

Name _____ Date _____

Address _____

Phone _____ Cell _____ Work _____

DOB _____ E-mail _____

Occupation/Employer _____

Emergency Contact: (Name, Phone, Relationship to You) _____

To better serve you, why have you decided to participate in Yoga Therapy and what are you hoping to gain from attending classes? _____

Are you experiencing any of the following medical conditions? ---OR---

Do you have any injuries (recent or chronic), or previous surgeries?

(Please circle if they pertain to your health history, specify below any circled issues or unlisted concerns)

Blood Pressure Issues	Cardiac Problems	Asthma	Diabetes
Back/Neck Injury or Pain	Migraines	Surgery	Arthritis
Bone or Joint Injury	Muscle/Tendon/Ligament	Sciatica	Hearing/Vision Concerns
Pregnancy			

Are you taking any medications that may affect your physical or mental performance?

By signing this form I agree to the following:

I am participating in group classes through Kettle Moraine Counseling, which contain information and/or instruction (verbal and physical) and physical contact. I realize that participation in such services/classes requires me to be physically and mentally fit and may cause injury, and I am fully aware of the risks involved with participation. I am responsible for taking such classes at my own pace, within my own limitations. I have received medical clearance from my physician to participate, and acknowledge that Layne Burkette is not a licensed physician but a Licensed Professional Counselor and Registered Yoga Teacher. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of such classes. I knowingly, voluntarily, and expressly waive any claim I may have against Kettle Moraine Counseling, and Layne Burkette for injury or damages that I may sustain as a result of participating in such services and classes. I have read, understood, and provided accurate information and agree to the above items.

Signature _____ Date _____