

Health History



Alchemy Wellness

Participant Name: _____

Phone Primary: _____ Phone/Alternate: _____

Contact by email? NO YES Email: _____

Address: _____ Zip: _____

Birth date: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Primary: _____ Phone/Alternate: _____

Referred by: _____

Primary reason for seeking manual therapy: _____

Are you under a physician's care: NO YES If yes, explain: _____

Health Practitioner Name: _____ May I contact: NO YES

Practitioner's Location: _____ Phone: _____

Check all that apply / explain briefly / date:

Recent Injury: _____ Diabetes: _____

Recent Illness: _____ Undiagnosed Pain: _____

Recent Surgery: _____ High/Low Blood Pressure: _____

Chronic Condition: _____ Blood Clots: _____

Arthritis: _____ Chronic Pain: _____

Pregnancy: _____ Circulation Issues: _____

Cancer: _____ Numbness/Tingling: _____

Joint Issues _____ Spine/Disc Problems: _____

Other injuries / illnesses / past surgeries (date/treatment received): _____

Are you taking any medications: NO YES If yes, detail: _____

Where in your body do you feel the effects of stress: _____

Do you exercise? NO YES If yes, what and how often? _____

What else do you do for self-care? _____

Have you experienced any type of bodywork before? NO YES If yes, what type: _____

I have stated all medical conditions, and will update the instructor of changes in my health status. I understand that yoga instructors do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I hereby take responsibility for my physical safety while participating in yoga with Natural Mystic Yoga. I release the instructor and property owners from responsibilities for any injuries or accidents that take place during my participation. I give permission for the instructor to physically touch me in an effort to instruct and correct my postures.

Signature: _____

Date: _____

(Parent/Guardian if Participant is a Minor)