



NEW CLIENT FORM

Please read – Release of Liability: In signing below I agree that The Life Centre is in no way responsible for the safekeeping of my personal belongings while I attend class or seeing a therapist. I understand that classes at The Life Centre may be physically strenuous and I voluntarily participate in them with the full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against The Life Centre or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Release of liability – Signature:

Name & Address:

Surname:

First name:

Address:

City: Postcode:

Email address - If you wish to receive information about what's going on at The Life Centre – PLEASE WRITE CLEARLY

E-mail address:

Phone numbers: Mobile:.....

Home:

Work:

Date of Birth:/...../.....

Emergency contact: Name: Phone:

Relationship:

How did you find out about us? (circle one)

Friend	Gate Cinema	Internet Newspaper	News/Magazine	Other centre
Postcard Poster	word of mouth	Yellow Pages	Yoga Journal	

Interests (circle all that apply)

Childrens Yoga	Holidays/Retreats	Meditation	Mysore-Style	Pilates
Pregnancy/Baby Massage		Private lessons	Interest in Teacher Training	
Are you a Yoga/Pilates teacher?		Therapies/Massage	Workshops	Yoga

Please fill in the following if you are attending our Ante-Natal classes:

Occupation: Date of first class:/...../.....

Due date and planned place of birth:

Midwifery practise:

Have you studied yoga before? Please give details of how long/style of yoga etc.

Why have you come to yoga and what do you hope to gain from it?

During pregnancy have you experienced any of the following? (Please circle those that have affected you)

Morning sickness	Headaches	Dizziness
Constipation	Heartburn	Breathlessness
Nosebleeds	Anaemia	Diabetes
Lower back pain	Sciatica	Aching joints
Varicose veins	Oedema (swollen joints)	
High blood pressure	Pre-eclampsia	Asthma
Low blood pressure	Anxiety	Bleeding
Sleep disturbances	Pain from fibroids	Depression

Please give the details of anything you have circled above, or any other health issues, which you feel may have some bearing on your yoga practice. Please also state if you have suffered any of the above in previous pregnancies.

Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g. caesarean section, knee surgery) that may have some bearing on your yoga practice?

Previous pregnancies?

Previous miscarriages?

Previous births? If so, please give ages of children.

Do you smoke? If so, how much?

Do you drink? If so, how much on average a week?

Are you taking any form of medication? Please give details.

Have you received any treatment with complimentary or alternative practitioners? If so, please give details.

Thank you for completing this form!