Hṛidayam

BODYWORK & APOTHECARY

Client Registration / Health & Life History

Name (First & Last)		Date
Home address		
City	State	Zip
Cell Phone	Home Phone	Work Phone
Email		
Age	Occupation	Language
Gender	Marital Status	Children & Ages
DOB (mm/dd/yyyy)	Time	Place (City/State/Country)
Referred by		

Emergency Contact

Name (First & Last)		Phone number
Relationship	Address	

Reason for today's visit

Please check the items that reflect your main objectives.

- o I would like to improve my general health and wellness
- o I would like to reduce my vulnerability to illness and disease
- o I would like to improve my lifestyle and dietary practices to improve my health
- o I would like to change my behavioral patterns to improve my relationships with others
- o I would like to manage stress, tension and worry to attain a more stable emotional nature
- o I would like an alternative approach to allopathic medicine for managing illness and disease

Note that **our services do not include medical diagnosis and treatments**. If you are concerned about a medical condition or a latent and potential condition you should see a medical doctor.

How would your life be different if you were to achieve these objectives to your satisfaction?

Are you currently under a physician's care for a specific medical problem or condition? ( )yes ( )no
If yes, for what?

Please list all medications, supplements, vitamins and herbs you are taking (please include frequency and dose):

Any major past medical history and surgeries? Dates of surgeries?

Please list your present concerns. How long have they troubled you? (aches, pains, stiffness, disconfort, degenerative illnesses, inflammation or other symptoms, stress, fatigue, low energy levels, lack of mental clarity, lack of concentration, vision problems, fever, hot flashes, chills, poor sleep quality, nervousness, digestive problems, skin problems, and any other condition that you can think of.)

Do you exercise regularly? ( )yes ( )no Type of exercise: Times per week:

Do you perform repetitive movement in your work, sports or hobbies? ( )yes ( )no

Do you sit for long hours in a workstation, computer or driving? ( )yes ( )no

Do you experience stress in your work, family or other aspects of your life? ( )yes ( )no

About your dietary choices, please check all that apply:

( ) Vegetarian ( ) Vegan ( ) Meat ( )Fish ( ) Poultry ( ) Dairy

( ) Organic ( ) Raw ( ) Paleo ( ) Gluten-free ( ) Weight-loss ( ) Low-carb

Do you experience any allergic reactions to any substances (food, environmental, etc)?

Number of caffeinated drinks per day? Amount of alcoholic drinks per week?

Do you smoke? ( ) yes ( ) no If yes, how many cigarettes per day?

Did you smoke in the past? ( ) yes ( ) no If yes, how many cigarettes per day and for how long?

Do you use recreational drugs? ( ) yes ( ) no How often, how much, since when?

Living situation ( ) Alone ( ) With Children ( ) With Parents ( ) With Spouse/Partner ( ) Other

Rate your level of stress (10 being overwhelming and 1 being mild stress):

Stress at work/school life Stress at home/ primary relationships

What do you do for fun?

What do you do for self-care?

Name (First & Last) Date

Signature

Informed Consent and Release of Liability

It is my choice to participate in any of the wellness coaching programs, bodywork sessions or yoga classes offered by Hridayam, LLC.

I understand that various bodywork techniques and treatments, hydrotherapy, yoga practice, etc., have varying effects on individuals based upon physical condition, age, state of overall health, etc., and require personal knowledge in their proper use. I understand that **it is my own responsibility to determine my physical condition to perform any treatment or exercise**.

I understand that treatments involving skin procedures can increase the risk of unforeseen consequences as swelling, itching and inflammation, and that is my responsibility to inform my practitioner about allergies and skin conditions.

I understand that **my wellness coach and therapist Carol Jamault (LMT, RYT-200, CHC/CLC) does not diagnose or treat any illness/disease**. I understand that there is no implied or stated guarantee of success/effectiveness of individual techniques or series of appointments. I acknowledge that **massage therapy, ayurveda, health coaching and yoga practices are complementary to and supportive of traditional western medicine as practiced in the United States and are not a substitute for medical care, medical examination or medical diagnosis.** Any information provided is for educational purposes only.

I have stated all of my known medical conditions on the *Client Registration* form and I acknowledge that **it is my own responsibility to keep my wellness provider updated on any changes in my physical health**. I will participate fully as a member of my healthcare team. I will make sound choices regarding my session's plan based upon the information provided by my health coach and therapist. I agree to participate in my own self-care programs and adhere to the plan we select.

I have read the above Release of Liability carefully and fully understand its meaning. I voluntarily agree to this terms and conditions, and I give permission to my wellness practitioner to provide bodywork treatments and wellness recommendations.

I am aware of the benefits and risks of massage therapy, yoga practices, and wellness coaching, and I give my consent for it. By signing this document, I hereby release Hridayam LLC., and its owner Carol Jamault and her affiliates, partners, successors and assigns from and against all actions, costs, claims, losses, expenses and/or damages for any and all liability, past, present and future relating to my participation in their offered services.

Signature Date

Name (First & Last)

Appointment Cancellation, Rescheduling, Late Arrivals and No-Show Policies

Cancellation Policy for private sessions
We strive to render excellent care to you and all of our clients. When an appointment is scheduled, that time and therapist has been assigned for you in a mutual agreement, and when it is missed, that time cannot be used to treat another person. **We request a 24 hour notice for private appointment cancellation/rescheduling**. **Cancellations made with less than 24 hour notice will incur in a $45 cancellation fee**. Appointments can be cancelled or rescheduled by calling or texting (786)473-4175 or emailing caroljamault@gmail.com. **Cancellations made with less than 90 min notice, will be charged the full price of the session**.

Cancellation Policy for group sessions
Please be aware that a 12 hour notice cancellation is required for group classes. **Cancellations made with less than 12 hour notice will incur in a $15 cancellation fee**. Appointments can be cancelled by calling or texting (786)473-4175 or emailing caroljamault@gmail.com. **Cancellations made with less than 90 min notice, will be charged the full price of the session**.

Late Arrivals
Please arrive on time for your scheduled appointment or group classes. Although we try to accommodate time and always give you the full length of your session, **your private treatment may be shortened** to respect the studio schedule if you arrive late. If you are more than 15 minutes late for an appointment or group class, you may be asked to reschedule or not allowed to enter the class in order to not disrupt the flow.

No-show policy
Clients that do not show for their scheduled appointment or class **will be charged the full price of the session**.

I have read and understand the *Appointment Cancellation, Rescheduling Late Arrivals and No-Show Policies* of the practice and I agree to be bound by its terms.

Signature Date

Name (First & Last)

Please, silence your mobile upon arrival!
We aim to create a quiet and peaceful environment, therefore we ask you to please silence your phone (no beeping alerts!.
We kindly ask our clients to keep conversations to a minimum while in the studio rooms or waiting area,
and when speaking please "*keep you spa voice*"

Automatic reminder emails
These emails are sent out 24 hours before your appointment or class. It is the client's responsibility to check emails spam/junk mailboxes for any incoming mail. Hridayam, LLC is not responsible for any bounced or failed email communications.

Private sessions length
All private bodywork sessions are an average 50 min in length, unless stated otherwise on the service menu.
All treatments and classes require pre-registration or booking.

Payment methods
Hridayam LLC accepts cash, credit cards and online payments for any purchase.
All sales are final. Payment is to be made at the time of service.