

New Client Form for Om Shanti Healing
Om Shanti Healing Massage, Healing Touch and Yoga
333 W. Drake Rd. Ste. 12 Fort Collins, CO 80524
970-310-4522

www.OMShantihealing.com

Whether you want one or more services this form covers it all. Your needs may change as we work together so be open minded to growth and change.

Date _____
Name _____ Who may I thank for your referral? _____
Street Address _____ Birthday (mm/dd/yy) ____ / ____ / ____
City _____ State: _____ Zip Code: _____ Legal Guardian _____
Phone #s Cell _____ Legal Guardian Phone _____

Emergency Contact Name _____ Relationship _____ Phone _____

Please add me to your monthly newsletter to receive information on wellness, fitness, energy, special discounts, upcoming workshops etc.

() Yes () No Email _____

Are you interested in: () Massage () Healing Touch () Yoga () Open to all three

What are your goals working with me? _____

Are you struggling with: Stress Energy Sleep Grief Mind/Body Disconnection Not feeling grounded

Anger Sadness Anxiety Overwhelm Pain Other

Details on any you circled _____

What modalities do you currently use to care for yourself?

For example: acupuncture, massage, physical therapy, meditation, yoga, sports, prayer, etc.)

Other _____

Occupation _____

Do you currently have pain? _____

Give me details? _____

Did you do something you are aware of to cause this pain? _____

Is your range of motion limited? _____

Medical

Are you on any medications? _____ List: _____

Why _____

Are they creating adverse side effects that you are aware of?

Do you have any health conditions I need to be aware of prior to working together? (example: high blood pressure, MS, anxiety, IBS, contagious disease, recent injuries, seizures, diabetes, edema, chronic pain, chemo, cancer, alcoholism, drug addiction etc.)

Date of surgeries _____

List surgeries and why _____

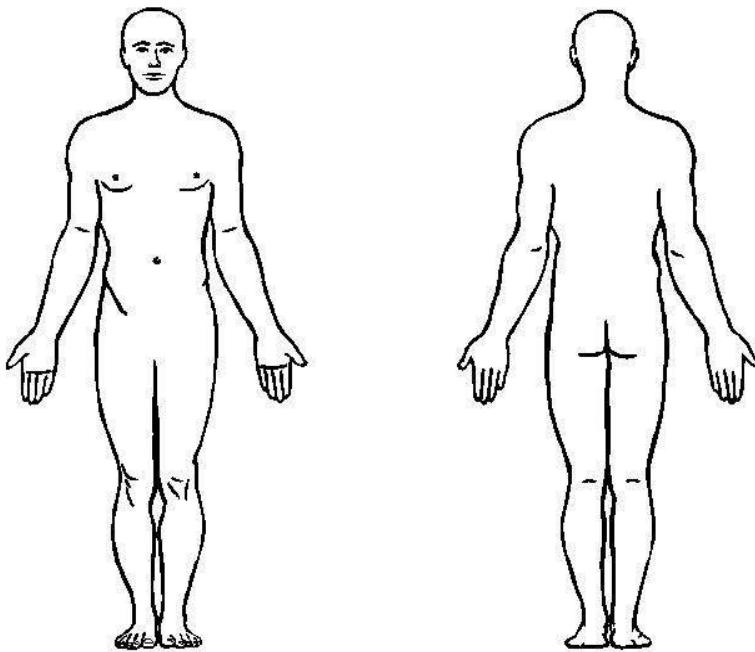
Have you gotten your Doctor's approval or note to receive bodywork or exercise? _____

Primary Physician _____ Address: _____ Phone: _____

Other health care professionals: _____ Address: _____ Phone: _____

Are you pregnant? _____ Are there complications with pregnancy or past miscarriages? _____

Circle areas you want touched and put an X on areas where you will never want massage.



Nutrition

How much water do you drink per day? _____

Do you take vitamins, herbs or supplements? _____

Do you get balanced nutrition or eat a lot processed foods, explain? _____

Do you have any nutritional imbalances or gut issues, explain? _____

Is there anything else you want to share with me? _____

Waiver, Release and Assumption of Risk

This form is an important legal document. It explains the risk you are assuming by receiving body work or exercise. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, informed consent, and covenant no to sue. I _____, have volunteered to participate in massage therapy, energy healing and/or physical exercise under the direction of Jill Ufer of OM Shanti Healing, which will include but not limited to massage, NMT, energy healing, yoga postures, meditation, essentials oils and breathing techniques. In consideration of Jill Ufer of OM Shanti Healing's agreement to treat me using massage, energy healing and/or yoga, I do here and forever release and discharge and hereby hold Jill Ufer of OM Shanti Healing harmless from any and all claims, demands, rights of action, or causes of action, present or future, arising out of or connected with my participation in this or any practice including any injuries resulting therefrom.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF 1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK; 2) ANY SLIP, FALL, DRAPING OF EQUIPMENT OR PROPERTY WITHIN THE PREMISES; AND 3) AILMENTS DURING/POST INSTRUCTION

Assumption of Risk. I _____, recognize that scope of practice or treatment might be challenging and that there could be dangers inherent in exercise or treatment for some individuals. I acknowledge that the possibility of certain physical and emotional changes during practices of said modalities does exist. I understand that as a result of my participation in herein programs I could suffer an injury or emotional changes. I recognize that an examination by your physician should be obtained prior to starting any exercise or body work.

I _____, have chosen not to obtain a physician's permission prior to beginning this exercise or body work treatments with Jill Ufer of OM Shanti Healing, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume all risk associated with any and all activities and/or exercise in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this exercise and/or treatments. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I THOROUGHLY READ THE WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT OR MY SUCCESSORS MIGHT HAVE TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST JILL UFER OF OM SHANTI HEALING.

Participants Signature: _____ Date: _____

Printed Name: _____