



Welcome to Milescu Medical Yoga, Pilates, Reiki, Fitness & Wellness Coaching

www.milescumedicalyoga.com

Name _____

Date of birth _____

Address _____

City, State, Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address _____

Occupation _____

Emergency Contact (name, #) _____

Referred by (Name, Flyer, Ad, website, etc.):

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ____ No

____ Yes (date of last class/practice _____)

How often do you practice yoga? (circle one) DAILY WEEKLY MONTHLY

Style(s) of yoga practiced most frequently: (circle all that apply)

Hatha Yoga, Ashtanga Yoga, Vinyasa/Flow Yoga, Iyengar Yoga, Power Yoga, Anusara Yoga, Bikram/Hot Yoga, Kundalini Yoga, Gentle Restorative Yoga, Yin Yoga Other:

What are your goals/expectations for your yoga practice?

What benefits are you looking for? (circle all that apply, explain)

Strength training _____ Flexibility _____ Balance _____ Stress Relief _____

Address health concern Alternative therapy via assisted stretching, gentle yoga, therapeutic pilates, and energy medicine healing with Holy Fire II Reiki Healing Sessions.

Improve fitness _____ Weight management _____ Increase well-being _____

Injury rehabilitation _____

Positive reinforcement _____

Other/

Explain: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures), Pranayama (breath work), Meditation, Yoga Philosophy, Eastern Energy Healing Systems: Holy Fire II Reiki Energy Healing and/or Pranic Healing, please elaborate also what you want out of Medical Yoga in terms of goals to improving pain management and lifestyle quality improvement, perhaps self-improvement and balance of Body Mind and Soul, spiritual peace etc. :

LIFESTYLE & FITNESS

How do you rate your current level of activity? (circle one)

Sedentary/Very inactive Somewhat Inactive Average Somewhat active extremely active

Stress Level Scale: On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of stress?
1 2 3 4 5 6 7 8 9 10

Pain Scale: On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of Pain?

1 2 3 4 5 6 7 8 9 10

PHYSICAL HISTORY

Please review this list and check those conditions that have affected your health either recently or in the past.

Fractures old or new/dislocated joints past issues:

Muscle strain/sprain/chronic soft tissue injuries:

arthritis, bursitis, chronic joint pain:

Osteoporosis:

Fibromyalgia:

Chronic Back Pain and Vertebral Disc problems:

Scoliosis, Kyphosis, or Lordosis:

Back problems due to sciatica and or other nerve compression:

Numbness, tingling anywhere due to nerve compression, or specific **Neuropathy** related to diabetes, but not excluding other etiologies such as tamoxifen chemotherapy induced neuropathy, alcohol related neuropathy, or 3rd stage syphilis causing neuropathy (please elaborate):

Diabetes type 1 or 2 (please elaborate):

Pregnancy (EDD _____)

High/Low blood pressure:

Heart Disease:

Heart Conditions, Chest Pain in past or present:

Congenital Heart Conditions:

Insomnia:

Chronic Fatigue Syndrome:

History of Epstein-Barr Virus (MONO):

Anxiety/Depression:

History of Stroke or T.I.A. (Trans Ischemic Attack):

History of Seizures

Asthma, Chronic shortness of breath

Auto-immune condition* (examples include RA, Lupus, or Psoriatic Arthritis)

Gastro- Intestinal Disease (chronic or acute) including autoimmune conditions such as Crohn's Disease. Please elaborate:

___ Cancer (present or past, please elaborate):

___ HIV + or -, vs AIDS (please elaborate if positive):

Anything Other than what is on this list please explain:

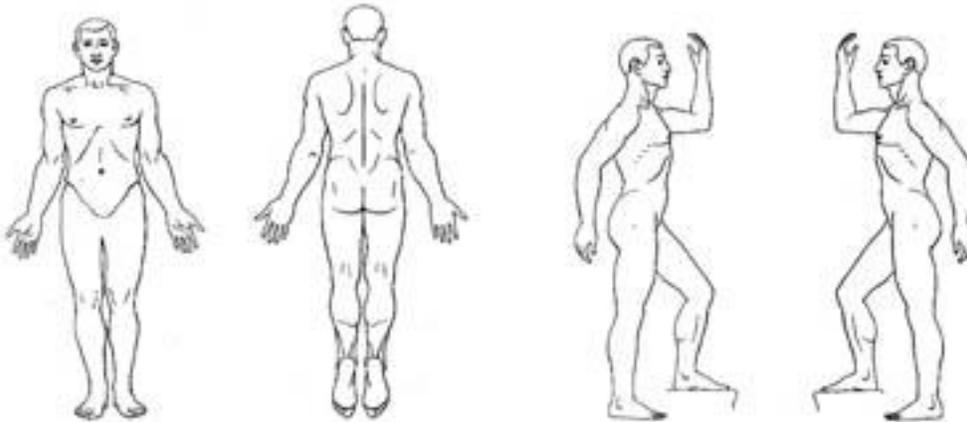
Are you currently taking any medications? ___ Yes ___ No

If yes, please list names and reason for medications.

Past Surgical History (please elaborate):

If any of the information on this form needs to be detailed or if there is anything else to share, please do so:

Please indicate where you might have pain or discomfort:



PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

I am delighted to have you as a medical yoga/pilates/energy healing client.

The following information will help you get the most out of your medical yoga/energy healing session and clarify our teacher/client relationship.

I believe that Medical Yoga, Pilates, Reiki/Fitness & Wellness Holistic Coaching is more than physical exercise.

It is a transformative practice that integrates body, mind, and emotional tensions to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. Awareness is fundamental to the practice of Medical Yoga. By attending private sessions, I affirm that I am solely responsible for my health and well-being. I agree to inform Dr. Dacia Milescu of any changes in health status and alteration of certain activities or movements, which I feel could cause injury to myself. I understand that medical yoga is not recommended and is ***not safe under certain extremely serious medical conditions***. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program with Dr. Dacia Milescu, who **shall not be held liable for any injury**.

I agree to listen to my body and monitor myself during every class session.

Signature: _____

Date: _____

NAMASTE!

