



Welcome to the private practice sessions of 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:

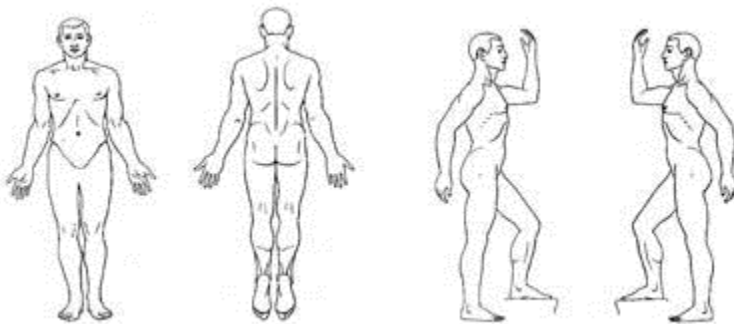
Are you currently taking any medications? ___ Yes ___ No

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 above exercise and medical history information you provide, 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 transformational practice in self-development on all levels.

It is a personalized guided 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: _____

Waiver and Release of Liability during and Post Covid-19 Pandemic:

I understand that in connection with responding to the Covid-19 pandemic,

Serenity Now Yoga Corp. will be open for personal services and fitness classes only when it is legal to re-open. I realize that the risk is hidden but clearly present even after the surge and peak has disappeared, random hotspots and outbreaks will occur.

By signing this agreement, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that I may be exposed to or infected by Covid-19, and voluntarily assume the risk upon entering a public space, whereby I may be exposed to, or infected by COVID-19, anywhere in the building, including the studio space rental property, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.



I understand that the risk of becoming exposed to or infected by COVID-19 at the Studio space and/or the building within the space may result from actions, omissions, or negligence of myself, including, but not limited to, other Serenity Now Yoga Clients, random patrons entering the building, cleaning crew in the building, serenity now teachers and other contractors present within our business location.

I voluntarily agree to assume all of the foregoing risks and accept SOLE responsibility for any sickness or injury to myself (including, but not limited to disability, illness, damage, loss, law suite, claim, death, and liability associated with COVID-19 while I experience my attendance at Serenity Now Yoga Corp.

On behalf of myself, I hereby RELEASE, covenant to sue, discharge, and in turn hold HARMLESS Serenity Now Yoga Corp, the studio and its associates, and representatives, of and from any claims, including liabilities, actions, insurance claims, damages, costs or expenses of any kind arising out of or relating to your visits at Serenity Now Yoga Corp. headquarters in Longwood Florida.

I also understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is IMPOSSIBLE to determine who has it and who does not, given the current situation where testing is only occurring for symptomatic individuals.

I therefore understand and agree 100 % that this RELEASE from Liability includes any claims based on actions, omissions, or negligence of myself, including, but not limited to, SERENITY NOW YOGA CORP., employees, contractors, associates, and building staff, whether COVID-19 infection occurs before, during, or after participation at Serenity Now Yoga Studio.

READ CAREFULLY-BY SIGNING THIS DOCUMENT YOU FORFEIT AND GIVE UP IMPORTANT LEGAL RIGHTS.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ date: _____

