A ROOM TO BREATHE.LIFE


# Welcome FORM

Our Engagement Understanding: Thank you for your interest in being guided by Christine Gavin- A Room To BREATHE.LIFE. This form is used to collect information about new clients and for internal purposes only. The information you provide is confidential and will be treated accordingly.

## Contact INFORMATION

**Name**: _____ **Date of Birth**: _____

**Address**: _____

**Principal Contact Phone**: _____

**Email**: _____ **Occupation**: _____

**Emergency Contact Name**: _____ Phone: _____

**Referred by**: _____

### Share A little About Yourself :

What do you do for Relaxation?

What is your Faith?

Name of City Born:

Where do you hold your value?

Describe Your Joy?

Favorite Music:

Number of Children: Any Pets:

**Breathwork - Bodywork EXPERIENCE/GOALS :**

**What form of exercise do you practice?**

**Have you practiced Breathwork before?** ☐ Yes ☐ No
-If yes, when was your last class/practice? _____

**How often do you practice Breathwork or work out?** ☐ Never ☐ Daily ☐ Weekly ☐ Monthly

**What style of yoga have you practiced?** (check all that apply)
☐ Hatha ☐ Ashtanga ☐ Vinyasa/Flow ☐ Iyengar ☐ Power ☐ Anusara ☐ Bikram/Hot
☐ Kundalini ☐ Gentle ☐ Restorative ☐ Yin ☐ Other: _____

**What are your goals/expectations in Bodywork? What benefits do you seek?** (check all that apply)
☐ Strength training ☐ Flexibility ☐ Balance ☐ Stress relief ☐ Address health concern
☐ Alternative therapy ☐ Improve fitness ☐ Weight management ☐ Increase well-being
☐ Injury rehabilitation ☐ Positive reinforcement ☐ Other: _____

**What are your personal interests?** (check all that apply)
☐ Asana (postures) ☐ Pranayama (breath work) ☐ Meditation ☐ Yoga philosophy
☐ Eastern energy systems ☐ Other: _____

## LIFESTYLE AND PHYSICAL HISTORY

**How do you rate your current level of physical activity?**
☐ Sedentary/Very inactive ☐ Somewhat inactive ☐ Average ☐ Somewhat active ☐ Very active

**On a scale of 1-10, (1 being the lowest and 10 being the highest), how would you rate your level of stress?**
**Are you currently taking any medications?** ☐ Yes ☐ No
-If yes, please list the names and reasons for the medications:

**Check the conditions that have affected your health either recently or in the past.**

☐ Broken/dislocated bones
☐ Muscle strain/sprain
☐ Arthritis/bursitis
☐ Disc problems
☐ Scoliosis
☐ Back problems
☐ Osteoporosis
☐ Diabetes type 1 or 2
Surgery
☐ Seizures
☐ Stroke

☐ High/low blooc
☐ Insomnia
☐ Anxiety/depre
☐ Asthma/short
☐ Numbness/tin
☐ Cancer
☐ Pregnancy

☐ Heart conditions/chest pain
☐ Auto-immune condition
(e.g., AIDS, lupus)
☐ Other: _____

**Is there any other information you would like to share?**

## ACKNOWLEDGMENT

By attending this session(s), I affirm that I am solely responsible for my health and well-being, as well as my decision to practice breathwork and bodywork (yoga), a program of physical exercise.

I agree to inform my instructor of any activities or movements that I feel could cause me injury. I understand that some breathing techniques, such as yoga/meditation/ are not recommended and are not safe under certain medical conditions.

I do not have any physical conditions or disability that would limit my participation or preclude an exercise program.

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

Christine Gavin, Christine Gavin and Company LLC – DBA - A Room to Breathe. LIFE, Pigalle Salon and Med Spa, and owner Shadia Martini, shall not be held liable for any injury, loss, or damage to property and/or persons sustained during or as a result of participation in these sessions.

Participant signature: _____ Date: _____

Print name: _____