



**VALERIE BASILE GRUNTHNER**  
Certified Yoga Instructor, RYT  
Barkan Method Hot Yoga

## Client Information

THE DETAILS IN THIS PACKET ARE KEPT BY VALERIE GRUNTHNER FOR THE PURPOSE OF DESIGNING YOUR YOGA PRIVATE SESSIONS ONLY. YOUR INFORMATION IS KEPT COMPLETELY CONFIDENTIAL AND IS NEVER SHARED.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact in case of emergency:**

**Name/:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Age:**\_\_\_\_\_ **Height:**\_\_\_ **Weight:**\_\_\_

**Occupation:** \_\_\_\_\_

## HEALTH HISTORY INFORMATION

**Diet:** How many times per day do you eat and what are the sizes of your meals?

\_\_\_\_\_

**Rate your Digestion:**

**Poor** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Good** \_\_\_\_\_ **Excellent** \_\_\_\_\_



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**Current perceived stress level: (high, moderate, low) \_\_\_\_\_**

**Indicate Your Frequency of: (Rare, Sometimes, Often, Most of Day)**

**Driving:** \_\_\_\_\_

**Sitting:** \_\_\_\_\_

**Standing:** \_\_\_\_\_

**Work at computer:** \_\_\_\_\_

**Carry heavy weight:** \_\_\_\_\_

**List any current medications:** \_\_\_\_\_

**List exercise/physical activities:** \_\_\_\_\_

\_\_\_\_\_

**Previous yoga experience:** \_\_\_\_\_

**Team/competitive Sports:** \_\_\_\_\_

**Prior or current injuries/health conditions (if any please list/explain):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goals for your practice/lessons:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## **Private Instruction STUDENT WAIVER AGREEMENT**

I \_\_\_\_\_(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions e.g., cardiac illness, later stages of pregnancy, post-surgery. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Valerie Grunther.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_ Date