

Ryan Chiropractic, PLLC and Wellness Center Information / Release Form

Please Print

First Name: _____ Last Name: _____

Address: _____ Zip _____

Cell Phone # _____ (Do you accept text messages) _____

Email: _____

Date of Birth: _____

Recreational Physical Activity/Explain: _____

Previous Yoga, movement or bodywork experience/Explain: _____

Hopes/Expectations: _____

**The following information assists us in serving you.
ALL INFORMATION IS CONFIDENTIAL, utilized by
Dr. Christopher P. Ryan, DC for your benefit.**

For PRENATAL STUDENTS: When is your due date? _____ Number of other pregnancies? _____ Describe any complications from previous pregnancy/deliveries _____

For Everyone

Major surgery, accidents or injuries (approximately how long ago?)

Do you have any challenges or difficulty:

- sleeping walking sitting sitting on the floor standing lying down bending
 changing positions

Are you taking the following medications regularly?

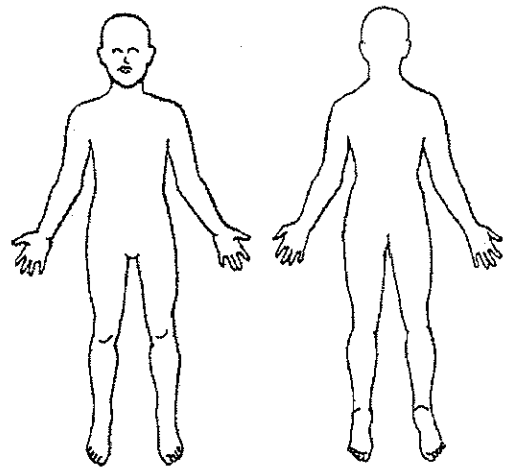
- High blood pressure
- Anti-inflammatory
- Pain killers / muscle relaxers

Check any of the following conditions that are applicable:

- Allergies
- Arthritis Osteo or Rheumatoid
- Asthma
- Cancer
- Colitis/Krohns
- Depression and/or Anxiety
- Diabetes
- Dizziness and/or Inner Ear Problems
- Epilepsy or Seizure Disorder
- Fatigue (describe) _____
- Glaucoma
- Headaches – how often? _____ migraines? Y / N
- Heart Challenges (describe) _____
- Hepatitis
- Hernia
- Herniated, Bulging or Degenerated Disc: Which discs? _____
- High Blood Pressure – is it controlled? Y / N
- Immune Challenges (describe) _____
- MS
- Osteoporosis
- PMS / Challenges with Periods
- Sinus, Lung, and/or Bronchial Challenges
- Stroke
- Ulcers
- Other (describe) _____

Muscle Tension/Numbers

Please draw (or outline your body indicating any area(s) of ongoing discomfort.



Please describe your discomfort:

Do you have Fibromyalgia? Y / N
If so, where?

Any numbness or tingling? Y / N
If so, where?

- The undersigned hereby acknowledges and understands that the classes/events at Ryan Chiropractic, PLLC and Wellness Center are for entertainment and educational value only and are not to be construed or relied upon for any other purpose.
- The undersigned further agrees to hold Ryan Chiropractic, PLLC and Wellness Center / Dr. Christopher P. Ryan, DC, harmless and release them from liability whatsoever both now and in the future.
- The undersigned further understands and agrees that all fees are non-refundable.
- I am signing this release after fully reading and understanding the above terms.

X Signature: _____ **Date:** _____

Parent or guardian signs for individuals under 18 years

THANK YOU

PROFESSIONAL DISCLOSURE AND GENERAL RELEASE

I am delighted to have you as a Yoga student. The following information will help you get the most out of your yoga classes and clarify my role as a Yoga teacher. Please read carefully and sign below.

I am a certified Yoga teacher and have completed a thorough professional training in Yoga instruction.

All exercise programs involve a risk of injury. By choosing to participate in my Yoga classes, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury.

Listen and follow my instructions carefully;

Breathe smoothly and continuously as you move and stretch;

Do not hold your breath or strain to attain any positions;

Work gently, respecting your body's abilities and limits;

Don't perform postures or movements that are painful;

Ask me if you're unsure how to perform certain movement;

Menstruating women should not practice inverted postures;

Pregnant women must consult their health care provider prior to enrolling in class.

It is always advisable to consult your physician before embarking on any exercise regimen. I will provide you with a health information form for you to complete and return to me. You agree to inform me of any health conditions that could affect your practice of yoga. If you're unsure about a condition, please speak to me.

Awareness is fundamental to the practice of Yoga. It is your responsibility as a student to monitor each activity and determine whether it's appropriate for you to participate. Though I am your teacher, you remain primarily responsible for your safety and well-being.

The undersigned assumes all risk of damage or injury that may occur as a student in my Yoga classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga student, the undersigned releases and discharges Ryan Chiropractic, PLLC and Wellness Center and Dr. Christopher P. Ryan, DC from any and all claims, demands, and actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in Yoga classes or practice of Yoga outside the class.

I have read, understand and agree to the content of this Professional Disclosure Form and General Release.

Signature _____ Date _____