hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: [redacted] Last name: [redacted]

Address: [redacted] City/State: East Brunswick, NJ

Phone Number: 732-9793675 Email Address: [redacted]

DOB: [redacted] Age 67 Receive Newsletter? (Y) N

Occupation: Retired Pronouns: _____

Emergency Contact: _____ Phone: _____

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

_____

_____

GOALS

What is your previous yoga experience? I have been Yoga for over 1 year now

What is your reason for seeking out Yoga Therapy?

To help Rebop my mind + soul

What are your goals for Yoga Therapy?

Better sleep.

What are you hoping to receive and accomplish through these sessions?

A better life style.

Is there anything else you would like me to know? _____

_____

_____

_____

_____

_____

WAIVER OF CONSENT

I [redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I [redacted] (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I [redacted] (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs, executors, and administrators, any and all claims to collect damages against **Ether Wellness, LLC** or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian

DD

_____

Date 3/1/24

_____

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: V[redacted] Last name: [redacted]

Address: 19 N. Woodland Ave City/State: East Brunswick, NJ

Phone Number: [redacted] Email Address: [redacted]

DOB: [redacted] Age: 70 Receive Newsletter? (Y) N

Occupation: Retired Pronouns: He, Him

Emergency Contact: _____ Phone: [redacted]

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

✓ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

Heart Issues Cancer Back Spine Problems

_____

GOALS

What is your previous yoga experience? Some years before spine problem
Problems twisting

What is your reason for seeking out Yoga Therapy?

Mental Depression
Anxiety

What are your goals for Yoga Therapy? Mood improvement
↓ Stress.

What are you hoping to receive and accomplish through these sessions?

Less stress

Is there anything else you would like me to know? Stress

WAIVER OF CONSENT

I Vincent [redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I Vincent [redacted] (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I Vincent [redacted] (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs, executors, and administrators, any and all claims to collect damages against **Ether Wellness, LLC** or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian

Vincent D. [redacted]

Date 3/1/24

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: P[redacted] Last name: [redacted]

Address: 7 AUSTIN DRIVE City/State: EAST BRUNSWICK, NJ

Phone Number: [redacted] Email Address: [redacted]

DOB: [redacted] Age: 70 Receive Newsletter? (Y) N

Occupation: RETIRED Pronouns: _____

Emergency Contact: S[redacted] Phone: [redacted]

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

MOTHER DIED FROM ALS. NO OTHER SIGNIFICANT HEALTH HISTORY

_____

GOALS

What is your previous yoga experience? CHAIR YOGA CLASSES

What is your reason for seeking out Yoga Therapy?

I ENJOY THE CHAIR YOGA CLASS AND WOULD LIKE TO EXPAND ON THAT EXPERIENCE WITH OTHER TYPES OF YOGA

What are your goals for Yoga Therapy? NO SPECIFIC GOALS

What are you hoping to receive and accomplish through these sessions? —

Is there anything else you would like me to know? ✓

WAIVER OF CONSENT

I [redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

Peter M. Clay

Date

5/1/2024

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: [redacted] Last name: [redacted]

Address: [redacted] City/State: East Brunswick, NJ

Phone Number: 848-391-1704 Email Address: [redacted]

DOB: [redacted] Age: 78 Receive Newsletter? Y N

Occupation: retired Pronouns: _____

Emergency Contact: [redacted] Phone: [redacted]

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ✓ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

Mother and father- Heart Diseases

_____

GOALS

What is your previous yoga experience? different classes

What is your reason for seeking out Yoga Therapy?
Stretching, improving mood

What are your goals for Yoga Therapy? Get rid of depression and insomnia

What are you hoping to receive and accomplish through these sessions?
To sleep well

Is there anything else you would like me to know? I am looking forward to going to there classes

WAIVER OF CONSENT

I [redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

[redacted]

Date 05/01/2024

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: [redacted] Last name: [redacted]

Address: [redacted] City/State: E. B. NJ

Phone Numb[redacted] Email Address: [redacted]

DOB: [redacted] Age: 65 Receive Newsletter? (Y) N

Occupation: retired Pronouns: _____

Emergency Contact: _____ Phone: _____

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

High Blood Pressure, stroke

_____

GOALS

What is your previous yoga experience? _____

What is your reason for seeking out Yoga Therapy?

relax & have a good night sleep

What are your goals for Yoga Therapy? _____

above & also have better breath control

What are you hoping to receive and accomplish through these sessions? _____

N/A

Is there anything else you would like me to know? _____

_____

_____

_____

_____

_____

WAIVER OF CONSENT

I J[redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

Jennifer

Date

5/1/24

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: R[redacted] Last name: Patel

Address: [redacted] City/State: East Brunswick

Phone Number: [redacted] Email Address: [redacted]

DOB: [redacted] Age: 65 Receive Newsletter? (Y) N

Occupation: Retired Pronouns: _____

Emergency Contact [redacted] Phone: _____

How did you hear about Hush Studio?

_____NA_____

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

_____

_____

GOALS

What is your previous yoga experience? good

What is your reason for seeking out Yoga Therapy?

What are your goals for Yoga Therapy?

What are you hoping to receive and accomplish through these sessions?

Is there anything else you would like me to know? _____

_____

_____

_____

_____

_____

WAIVER OF CONSENT

I _____ (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

Rajni Patel

Date

5/1/24

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: [redacted] Last name: [redacted]

Address: [redacted] City/State: East Brunswick, NJ

Phone Number: 732-816-1821 Email Address: [redacted]

DOB: [redacted] Age: 65 Receive Newsletter? (Y) N

Occupation: Retired-SpEd Teacher Pronouns: _____

Emergency Contact: [redacted] Phone: [redacted] - Husband

How did you hear about Hush Studio?

_____NA_____EB Senior Center_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease __✓_ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

FAMILY MEDICAL HISTORY

Heart Disease, Cancer, Chronic Depression

GOALS

What is your previous yoga experience? Random classes through the years.

What is your reason for seeking out Yoga Therapy?
Practice self-regulating mood swings

What are your goals for Yoga Therapy?
Learn new mind/body tools to help reset to new stage of life.

What are you hoping to receive and accomplish through these sessions?

see above

Is there anything else you would like me to know? I am newly retired and having a difficult time "finding my place".

WAIVER OF CONSENT

I [redacted] (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

Rachel

Date

May 1, 2024

hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: _____Yoga Therapy to Improve Mood_____

PERSONAL DATA

First name: [redacted] Last name: [redacted]

Address: [redacted] City/State: EAST BRUNSWICK, NJ

Phone Number: [redacted] Email Address: [redacted]

DOB: [redacted] Age: 77 Receive Newsletter? (Y) N

Occupation: RETIRED Pronouns: _____

Emergency Contact: [redacted] Phone: _____

How did you hear about Hush Studio?

_____NA SENIOR-CENTER

_____

PAST MEDICAL HISTORY (please check)

___ Heart Disease ___ High Blood Pressure ___ Diabetes ___ Stroke ___ Cancer

___ Seizures ___ Thyroid Disease ___ Glaucoma | Retina Disease ___ Arthritis (RA/OA)

KIDNEY DISEASE

FAMILY MEDICAL HISTORY

DEMENTIA FATHER ANGER ISSUES

HEART + LUNG PROBLEMS

Is there anything else you would like me to know? _____

_____

_____

_____

_____

_____

WAIVER OF CONSENT

I _____ (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

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Signature of Client, Parent or Guardian

CD

Date

5/1/24