hush studio
yoga therapy | movement | sound

Yoga Therapy Small Group Intake

CLASS: YT and Elemental Balance

PERSONAL DATA

First name: Stacy **Last name:** [redacted]

Address: [redacted] **City/State:** Millburn, NJ

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

DOB: 11-13-70 **Age:** 55 **Receive Newsletter?** (Y) N

Occupation: social worker & Fashion faculty **Pronouns:** N/A

Emergency Contact: John [redacted] **Phone:** [redacted]

How did you hear about Hush Studio?

Mentor/know Nikki and Kristin

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

Family hx of cancer and depression

GOALS

What is your previous yoga experience? I'm a current member of this studio and practice gentle and Yin yoga.

What is your reason for seeking out Yoga Therapy?

I'm hoping to process grief and learn skills to deal w/ grief and loss; I'm hoping to find a safe space to breathe and shed guilt after the loss of my son.

What are your goals for Yoga Therapy? To find a sense of emotional relief and self-compassion, to quiet my constant self-blame and to release anger.

What are you hoping to receive and accomplish through these sessions? To learn tools to let go of anger, guilt and grief. To begin restoring peace and emotional safety once again in my life.

Is there anything else you would like me to know? No.

WAIVER OF CONSENT

I Stacy [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 Stacy [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 Stacy [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

[redacted]

Date 10/16/25

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Yoga Therapy Small Group Intake

CLASS: YT and Elemental Balance

PERSONAL DATA

First name: Barbara **Last name:** [redacted]

Address: 42 Dutch Rd. **City/State:** East Brunswick, NJ

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

DOB: 9/22/48 **Age:** 77 **Receive Newsletter?** (Y) N

Occupation: retired **Pronouns:** NA

Emergency Contact: Jim [redacted] **Phone:** [redacted]

How did you hear about Hush Studio?

Kristin

PAST MEDICAL HISTORY (please check)

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

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

FAMILY MEDICAL HISTORY

hypertension, cancer

GOALS

What is your previous yoga experience? I take Chair yoga and gentle yoga At Hush Studio weekly for over 1 year now.

What is your reason for seeking out Yoga Therapy?

I want to help Kristin complete her program since she gives so much to her students and community.

What are your goals for Yoga Therapy? I'd like to learn more about Ayurveda, the elements and how that ties in with yoga. I'm hoping what I learn will advance my practice and understanding of yoga on a deeper level.

What are you hoping to receive and accomplish through these sessions? I'm hoping that I can learn how to reduce stress in my day to day, and bring more calmness into my life.

Is there anything else you would like me to know? No.

WAIVER OF CONSENT

I Barbara Wichinsky (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 Barbara Wichinsky (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 Barbara Wichinsky (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

Barbara Wichinsky

Date 10/16/25

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CLASS: YT and Elemental Balance

PERSONAL DATA

First name: Rosanne **Last name:** [redacted]

Address: — **City/State:** Ewing, NJ

Phone Number: [redacted] **Email Address:** Rjgiannuzzi@optonline.net

DOB: [redacted] **Age:** 59 **Receive Newsletter?** (Y) N

Occupation: anesthesiologist **Pronouns:** NA

Emergency Contact: Bob G. **Phone:** [redacted]

How did you hear about Hush Studio?

friend & Kristin

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

hypertension, heart issues

GOALS

What is your previous yoga experience? I've been practicing on and off in various studios x 30 years.

What is your reason for seeking out Yoga Therapy?

Kristin asked if I'd be interested in participating in her classes and I love to learn. This specific series sounded interesting to me.

What are your goals for Yoga Therapy? To learn how to find more peace and acceptance after losing my father and uncle recently. I'm hoping to find ways to process grief and loss.

What are you hoping to receive and accomplish through these sessions? I'm hoping to learn something new, tools to process grief and loss, and healthy ways to find stillness and peace in my day to day.

Is there anything else you would like me to know? No.

WAIVER OF CONSENT

I Rosanne [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 Rosanne [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 Rosanne [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

[redacted]

Date

10/16/25