

Confidential Health Questionnaire

Date _____	Referred by _____
Name _____	Phone _____
Address _____	City/Zip _____
Profession _____	Email _____
Age _____	Sex _____
Height _____	Weight _____

Please indicate if you experience any of the conditions listed below:

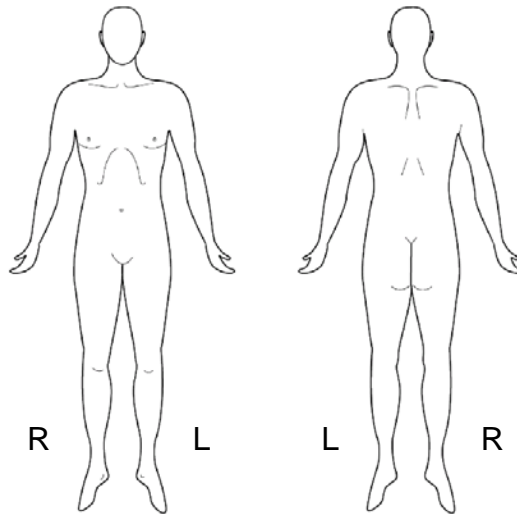
_____ AIDS/HIV	_____ Diarrhea	_____ High/Low blood pressure
_____ Allergies	_____ Fatigue	_____ Menstrual irregularities
_____ Arthritis	_____ Fibromyalgia	_____ Open wounds, bruises
_____ Cancer	_____ Frequent colds/flu	_____ Osteoporosis
_____ Chronic fatigue	_____ Headaches	_____ Pregnant
_____ Constipation	_____ Heart problems	_____ Sleep disorders
_____ Depression	_____ Hernia	_____ Stress

Other _____

Do you have any restrictions in movement? _____

List the physical activities you currently participate in _____

Explain recent accidents or surgeries _____



Please circle your problem areas on the drawings above, and indicate your symptoms with these symbols:

Tension - - - - - Cramping // // // // Numbness + + + + + Pain >>>>>

Consent for Classes and Private Sessions with Lori A. Furbush (in compliance with California Senate Bill SB-577)

I acknowledge and agree that the purpose of classes and private sessions with Lori A. Furbush (involving the healing treatments of Qigong, Tai Chi, Reiki, Yoga, Acupressure, Acu-Yoga, Yin Yoga, Thai Yoga, and/or any other healing modalities used) is for relaxation and stress relief, and is not to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. Lori A. Furbush is not a licensed physician, and the alternative and complementary services offered by Lori A. Furbush are not licensed by the State of California. I am aware that participation in these forms of therapy may result in accident or injury, and I acknowledge that I should not engage in exercise without first consulting my personal physician and considering any particular risks I may incur in participating in these activities. I acknowledge and agree that participating in these activities will be entirely at my own risk. I further acknowledge and agree that, in consideration for being permitted to attend these classes and private sessions, I shall be entirely responsible for, and I hereby waive and release any and all claims I have or may have in the future against Lori A. Furbush for any and all losses, costs, expenses, including reasonable attorney's fees, damages, claims or liabilities whatsoever of any nature, including bodily injury or death, directly or indirectly arising out of or in any way related to my participation in these activities.

Client's signature _____ Date _____