

Thank you for your interest in yoga therapy/bodywork/herbal healing with Quiet Mind. Please describe the conditions limiting your life - physical, emotional, and spiritual - and how you believe I can help. Add extra pages if you need space to explain.

Pain and dis-ease are the body's accumulated stresses and traumas. We design healing programs to gently restore balance, and include plant medicine for your self-care at home. This leads to profound health improvements, increased self-awareness, greater confidence, and a deep inner sense of connection. Quiet Mind does not diagnose medical conditions.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE home (    ) \_\_\_\_\_

work (    ) \_\_\_\_\_ cell (    ) \_\_\_\_\_

best way to reach you? \_\_\_\_\_ ok to leave messages? \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What are your hopes/goals with this appointment/program? \_\_\_\_\_

\_\_\_\_\_

Have you had any Head Injuries? \_\_\_\_\_ when? \_\_\_\_\_

Whiplash? \_\_\_\_\_ when? \_\_\_\_\_ Falls on Tailbone? \_\_\_\_\_ when? \_\_\_\_\_

Sprains or Broken Bones? \_\_\_\_\_ when and how? \_\_\_\_\_

\_\_\_\_\_

Describe healing process: \_\_\_\_\_

Surgeries? \_\_\_\_\_ when and what? \_\_\_\_\_

\_\_\_\_\_

Describe healing process: \_\_\_\_\_

Recent injuries? \_\_\_\_\_ what and when? \_\_\_\_\_

