

Welcome to Breath Qi Gong

New Student Intake Form

Name	First	Middle	Last	Date of Birthday	<input type="checkbox"/> Single <input type="checkbox"/> Married
				/ /	
Address	City:			Zip code:	
Phone	Cell:	<input type="checkbox"/> Yes, text ok. Home:		Work:	
E-mail	<input type="checkbox"/> Yes, email ok.			Occupation	

1. How did you hear about our HNJ Healing Clinic?

- Personal reference (by _____)
 Sign, Walk in
 Google, Internet, Website
 Coupons in the magazine
 Brochure
 Yellow Page
 Other (_____)

2. Which one are you interested in?

- Flexibility
 Balance
 Strengthen
 Mental Clarity
 Weight control
 Stress relief / relaxation
 Self confidence & positive attitude
 Improve concentration
 Emotional stability
 Peace of mind
 Spiritual Growth
 Others (_____)
 All of these.

3. What programs are you interested in?

- Yoga
 Tai-Chi
 Meditation
 Qi Gong
 Healing
 Acupuncture
 Massage

4. What kind of yoga and how long have you experienced ? (_____) yoga, (_____) years.

5. Do you have any symptoms of your body and mind?

- Stress
 Anxiety
 Depression
 Panic
 Heart Disease
 High Blood Pressure
 Breathing Trouble
 Insomnia
 Cancer
 Indigestion
 Headaches and racing thoughts
 Stiffness shoulders, neck and joints
 Stomachaches and/or heartburn
 Constipation or diarrhea
 Take pain killers.
 Hard to concentrate
 Personal relationships
 Lower energy
 Cold hands
 Cold feet
 Dry mouth
 Surgery (_____)
 Others (_____)

I would like to take :

- A trial class: \$20 (paid by: _____)
 A beginner's intro: \$49 (paid by: _____)

Consent form for Breath Qigong Trial Class:

I understand that during class, it will be necessary for the instructor to touch parts of my body, including the shoulders, chest, abdomen, legs, arms, face, and head. I hereby give permission for such appropriate touching. I understand that session is not a medical diagnosis and the instructor is not giving medical advice. I hereby voluntarily assume all risk of injury during the individual session and class and expressly forever release and discharge HNJ Healing Clinic and its associates from all such claims, demands and damages.

DATE: _____ / _____ / _____

Signature _____