



# ISLE OF WELLNESS

## New Yoga Patient - Yoga Form

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Shore/Local Address \_\_\_\_\_

Appointment Date \_\_\_\_\_

Referred By \_\_\_\_\_

Any Restrictions Dr. Mangano should be aware of?  
\_\_\_\_\_

### Office Use Only

\_\_\_\_\_ Date Called

\_\_\_\_\_ Home or Office Session

\_\_\_\_\_ Paperwork (10 min early)

\_\_\_\_\_ Office Location

\_\_\_\_\_ Work out Clothing

\_\_\_\_\_ Cancellation Policy

\_\_\_\_\_ Confirmed Appointment

### Medical History

Previous Surgeries: \_\_\_\_\_

Medication: \_\_\_\_\_

### **CANCELLATION POLICY**

Dr. Marina Mangano has a 24-hour cancellation policy. If you do not give 24-hour notice to cancel an appointment, Isle of Wellness has the right to bill you \$50. If you do not show up for your appointment and you did not call to cancel beforehand, Isle of Wellness has the right to bill you for a Self-Pay office visit charge (\$65).

### **PAYMENT POLICY**

A 1-hour yoga appointment is \$85 per session in the studio or \$100 per session if a mobile appointment. The Isle of Wellness has explained the financial arrangements. Payment is due at time that services are rendered unless financial arrangements have been made with the doctor. Self-Pay options only.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Yoga History:**

Yoga experience, where/how often do you practice? \_\_\_\_\_

Circle what limitations to yoga that you are currently experiencing:

Financial Investment    Free Time    Spiritual/Religious    Guidance    Physical

Meditation experience, where/how often do you practice? \_\_\_\_\_

Circle pose categories that you would like to focus on/improve:

Back Bends    Hip Openers    Inversions    Forward Bends    Standing Balance

Other: \_\_\_\_\_

Poses of Concern: \_\_\_\_\_

Circle Physical Goals:

Increase Flexibility

Improve Balance

Increase Stability/Strength

Breath Restoration

Pain Relief

Pelvic Floor Control

Circle Quality of Life Goals:

Stress Relief

Improve Self-Healing Ability

Improve Sleep

Self-Inquiry

Create Home Routine

Improve Spirituality

**Stressful Triggers:**

Previous Traumas: \_\_\_\_\_

Circle Stress Inducers:

Work/School

Home/Family Life

Finances

Self-Image

Past Trauma

Health

Signature: \_\_\_\_\_

Date: \_\_\_\_\_