



SAKASH
HEALTH AND WELLNESS

New Wellness Client Registration

Name: _____ Date of birth: ___/___/___ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

Email address: _____

Name of person I should contact in case of emergency: _____

Phone number: _____

Relationship to you: _____

Do you exercise regularly? Yes No

If yes, how often and what type of activities? _____

Have you experienced other types of mind/body disciplines:

Yoga Tai Chi Dance Other:

Who can we thank for sending you to Sakash Health and Wellness?



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Medical History

Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____ lbs

Please rate your health: Excellent _____ Good _____ Fair _____ Poor _____

Occupation: _____ Are you currently working? _____

Medical conditions/diagnoses: (Mark all that apply)

High Blood Pressure

High Cholesterol

Blood Disorder

Diabetes

Night Pain

Asthma

Dizziness

Arthritis

Osteopenia

Depression

Heart Problems

Autoimmune Disorder

Vascular Problems

Liver Disease

Cancer

Shortness of Breath

Epilepsy/Seizures

Fractures

Osteoporosis

Anxiety

Infectious Disease

Multiple Sclerosis

Stroke

Kidney Disease

Parkinson's Disease

COPD

Thyroid Problems

Scoliosis

Chronic Pain

Incontinence

Other: _____

Medications (Including supplements): _____



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HEALTH AND WELLNESS

Past Injuries/Surgeries with dates: _____

Smoking: Yes / No If yes, how many cigarettes per day____ per week____ occasional____
Alcohol: Yes / No If yes, how many drinks per day____ per week____ occasional____

Women: Is there any chance you could be pregnant? Yes____ No____

What are your goals/expectations? _____

Is there anything else you would like us to know? _____

Notice of Privacy Practices Acknowledgement

The Sakash Health and Wellness HIPAA Notice of Privacy Practices is available on our website under "Forms". If you are unable to access this, a written copy can be provided to you upon request.

I acknowledge that I have been given a copy of or an opportunity to read the practice's Notice of Privacy Practices.

Patient's or Guardian's Signature

Date



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Sakash Health and Wellness Policies and Procedures

Name of Client: _____

Date: _____

The following policies and procedures are designed to provide a dependable, safe, and productive experience for our clients. Please read thoroughly. If you have any questions or concerns, please let us know. Your signature at the bottom of the page verifies that you have read and will abide by the Sakash Health and Wellness program policies and procedures. Thank you.

Fees/Payment

Payment is due in full at the time of scheduling each session. We accept cash, checks, and credit cards. A valid credit card number must be provided when scheduling your first appointment. This card number is securely protected in your records and is only used if you should miss an session in the future without 24 hour cancellation.

All wellness packages are non-refundable and non-transferable unless for medical reasons. A doctor's note will be required.

All packages expire six months from the purchase date.

_____ Client/Guardian Initials

Pilates Sessions

Please wear clothes that are appropriate for you to exercise in and that allow you to move freely. A water bottle and hand towel are also encouraged if you have them available to you.

Newsletter and Contact

If you supplied an email address, you can receive our email newsletter. This will include updates, news, classes, deals, presentations and the like. If you wish to receive these, please initial here

_____ Client/Guardian Initials



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HEALTH AND WELLNESS

Sakash Health and wellness requires 24 hours advanced notice via email, the Mindbody scheduling system, or voicemail for all session (class and appointment) changes. When you schedule a session, that time and space is reserved solely for you. Your teacher/therapist will spend time planning and designing a session for that day to help you meet your goals. Missed and frequently rescheduled classes and appointments will interfere with your progress and keep you from meeting your goals. In addition, when a session is missed without giving advance notice, or a change is requested at the last minute, we lose the opportunity to offer that time to someone else who is on our waiting list.

Clients are responsible for all sessions they have scheduled. Clients who choose not to attend, or those who call to move their sessions at the last minute, will be charged a fee equal to the amount of their missed appointment. These fees for missed appointments will be expected on the day of the missed session and will be processed using the card on file to hold the reservation.

Tardiness

We suggest that you arrive for your class or appointment 5 minutes before the scheduled start time and that you are considerate of the next client's time when your session ends. Classes will start promptly and participants will not be allowed to enter late. This is for your own safety and in consideration for the other participants in the class. With regards to appointments, please know that if we start late your session time will be shortened and the regular session fee will apply.

Cancellations/Absence on Arrival

I acknowledge that I must provide 24 hours notice if I am unable to make my class or appointment. Failure to give 24 hours notice will result in a fee equal to the amount of the missed session.

_____ Client/Guardian Initials

By signing below, I certify that I have read the above policies and procedures, understand them, and will comply with them. I agree that Sakash Health and Wellness retains the right to charge me for scheduled classes or appointments missed by late cancellations, or absence as described above.

Signature of Client/Guardian

Date

Print Name of Client/Guardian



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Acknowledgement Of Risk And Waiver of Liability

I understand that I, _____ [print name], will be participating in a wellness program through Sakash Health and Wellness that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting, and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any wellness program. Consequently, I was advised by a staff member of Sakash Health and Wellness to obtain the approval of my doctor before beginning a wellness program through Sakash Health and Wellness, and have had the opportunity to do so. Before beginning this program, I also was asked by a staff member at Sakash Health and Wellness whether I have any physical or mental limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those that I have written on the Medical History Form provided to me.

I understand that, by signing this statement, I am agreeing not to hold Sakash Health and Wellness or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in a wellness program through Sakash Health and Wellness, whether at home or elsewhere. As such, I understand and agree that Sakash Health and Wellness, its employees, owners, agents or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a wellness program through Sakash Health and Wellness.

****If at any time you experience discomfort during a session, notice that something bothers you after a session, or if you have questions regarding an exercise please do not hesitate to let us know.****

Signature of Client/Guardian

Date

Print Name of Client/Guardian



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HEALTH AND WELLNESS

Consent for Methods of Communication

Patients/Clients frequently request that we communicate with them by phone, voicemail, email or text. Sakash Health and Wellness respects your right to confidential communications about your protected health information (PHI) as well as your right to direct how those communications occur. Since email and texting can be inherently insecure as a method of communication, we will only communicate with you by email or text with your written consent at the email address or phone number you provide to us below. Please be aware that if you have an email account through your employer, your employer may have access to your email.

When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well voicemail or answering machine messages may be intercepted by others. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email or text. Sakash Health and Wellness will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

You may choose to limit the type of voicemail, email or text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons. Please indicate below what types of correspondence you consent to receive by email or text.

I do not consent to any voicemail, email or texting communication.

I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

- Email
- Text
- Voicemail



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HEALTH AND WELLNESS

___ I consent to all communication, including but not limited to communication about my medical condition and advice from my health care providers by the following means (check all that you consent to)

- Email
- Text
- Voicemail

E-mail address you are consenting to communicate through: _____

Phone number you are consenting to communicate through: _____

Signature of Client/Guardian

Date

Print Name of Client/Guardian



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HEALTH AND WELLNESS

**Consent and Release for Use and Disclosure of Image, Voice, and/or
Written Testimonials**

I, _____ consent to the photographing, recording and unlimited use of my likeness (including my name, voice and/or image) for commercial, promotional or other use, in any medium, by Sakash Health and Wellness and its employees, affiliates, subsidiaries, licensees, successors, and assigns. I waive all rights of attribution, inspection, or approval for any use of my likeness. Sakash Health and Wellness and its employees, affiliates, subsidiaries, licensees, successors, and assigns are held expressly harmless for any liability, legal and/or financial, incurred as a result of said use. I waive any right to royalties or other compensation arising from or related to the use of my likeness. All right, title, and interest to any photographs, recordings, and any other materials using my likeness shall be the sole property of Sakash Health and Wellness. I shall have no interest in any such materials nor shall I have any right to use the name or trademarks of Sakash Health and Wellness without its express, written permission

I HEREBY ACKNOWLEDGE THAT SAKASH HEALTH AND WELLNESS OR ANY OF ITS AGENTS OR EMPLOYEES HAVE NOT MADE ANY REPRESENTATIONS OR WARRANTIES OF ANY KIND WITH RESPECT TO ANY MEDICAL OR OTHER ADVICE OR INFORMATION THAT I MAY RECEIVE IN CONNECTION WITH MY APPEARANCE AND THAT I HAVE NOT RELIED ON ANY SUCH REPRESENTATIONS OR WARRANTIES IN AGREEING TO PARTICIPATE IN THE RECORDING OF MY VOICE AND/OR LIKENESS AS DESCRIBED ABOVE OR IN THE EXECUTION OF THIS CONSENT FOR USE AND DISCLOSURE OF IMAGE, VOICE AND/OR WRITTEN TESTIMONIALS (THE "CONSENT").

I am signing this Consent and Release voluntarily, having read it in its entirety and understanding the contents thereof to my satisfaction, and I acknowledge that it is binding upon me, my legal representatives, heirs and assigns. I understand that this Consent will be signed contemporaneously with the form entitled Authorization for Use and Disclosure of Protected Health Information for Marketing and Promotional Purposes (the "Authorization"), and I agree that in the event of conflict between the two documents, the terms of the Authorization shall govern.

Signature of Client/Guardian

Date

Print Name of Client/Guardian



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HEALTH AND WELLNESS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). **COVID-19 is very contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Sakash Health and Wellness (“SHW”) has put in place preventative measures to reduce the spread of COVID-19; however, the SHW **cannot guarantee** that you will not become infected with COVID-19. Further, attending SHW could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending SHW and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SHW may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SHW employees and program participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at SHW or participation in SHW programming (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless SHW, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SHW, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SHW program.

Signature of Client/Guardian

Date

Print Name of Client/Guardian