



First & Last Name: \_\_\_\_\_ Gender (please specify): \_\_\_\_\_  
Address: \_\_\_\_\_ DOB:    /    / \_\_\_\_\_  
Suburb/City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone (including prefix): \_\_\_\_\_  
Email: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Doctor / GP name (optional): \_\_\_\_\_ Phone (including prefix): \_\_\_\_\_

**MEDICAL / GENERAL HEALTH HISTORY**

This section relates to your general health history, current symptoms, and other health conditions. The reason we ask these questions is to provide us with all relevant information that could affect you during your session which you are consenting to attend. In the case of a medical emergency, this information may also be very relevant to your professional medical care. It is not compulsory to provide this information but if you choose to provide it, it will assist us, and any attending doctor or other medical specialist, to support you.

General health history (eg list any major physical/emotional/mental incidents, disease or illness and when they occurred):

\_\_\_\_\_  
\_\_\_\_\_

Current symptoms/ill conditions:

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant?

No             Yes

Esoteric Yoga includes movement. Do you have any physical or mobility restrictions that may affect your ability to participate? This question is not compulsory but if you do choose to answer, it will aid us to assist you during your session.

No             Yes    Details (optional):

**MODALITIES I CONSENT TO: \*Please tick**

I consent to participating in a session or class in the following modality:

Esoteric Yoga

**SEE OVER PAGE**

**WHAT I UNDERSTAND ABOUT THE MODALITY:** *\*Please tick the box if you agree and cross out any that do not apply*

- By signing this form, I indicate that I understand and accept the following:
- Esoteric Yoga is presented as a sequence of simple movements and is done from seated and laying down positions. Sitting Yoga is done sitting in a chair.

**WHAT I UNDERSTAND ABOUT MY PARTICIPATION:**

*\*Please tick the box if you agree and cross out any that do not apply*

- By signing this form, I indicate that I understand and accept the following:
- I can ask questions at any time about the session or program provided.
  - Practitioners are not qualified to and nor do they give a medical diagnosis and no modality or service provided by the practitioner nominated on this form (“practitioner”) offers a cure or alternative to medical treatment.
  - I understand and accept that I must consult with a registered medical practitioner in the case of any illness or disease or if symptoms persist.
  - The Universal Medicine Therapies including Esoteric Yoga are based on The Ageless Wisdom, are complementary-to-medicine, and have not been tested in CONSORT2010-compliant randomised controlled trials.
  - I may withdraw consent for my participation at any time in writing to the practitioner.
  - I accept full responsibility for the session(s) I have agreed on with the practitioner.

**MY CURRENT CONDITIONS:** *\*Please tick the box if you agree and cross out any that do not apply*

- Should I have any current illness or injury, however minor, or any issues with or concerns about mobility or movement, I understand that it is my responsibility to make this known to the practitioner prior to attending the session, and to receive medical attention.
- I understand and agree that my attendance at each session is at my own risk and the practitioner takes no responsibility for any injury or loss of any description suffered by me or anyone else as a direct or indirect consequence of my attendance at or participation in any session with the practitioner.

**MY CONSENT:** *\*Please tick the box if you agree and cross out any that do not apply*

- By signing this form, I consent to my personal and health information, including my history, being:
- processed for the purposes of my treatment, administration and management of the practice, including in my home state and other countries, as needed;
  - discussed with other practitioners including, without limitation, my GP, in order to review the quality of care provided to me;
  - described in a written or verbal referral to any practitioner, should my practitioner feel that such referral is in my best interests, after having first discussed such referral with me;
- I consent to my personal and health information, including my history, being discussed anonymously with other practitioners for the purpose of research and development of the services and modalities provided by this practitioner including, without limitation, their complementary qualities to conventional medicine, for the benefit of men and women generally.

**MY CONSENT FOR SESSIONS/CLASSES:** *\*Please tick the box if you agree and cross out any that do not apply*

- By signing this form:
- I consent to the initial and ongoing sessions with the practitioner I have booked in to see.
  - I have read, understood and agree to all aspects of this consent form (except where crossed out and initialed by me) and I consent to sessions with the practitioner as agreed by me on the terms as outlined in this form.
  - I agree that this consent form will remain active for future participation in Esoteric Yoga sessions or classes run by the practitioner unless I otherwise notify the practitioner in writing.
  - I acknowledge and agree that the practitioner reserves the right to decline any booking (including mine) for attendance at any session, now or later, or to ask any client (including me) to leave any session at any time, for any reason they see fit.

*I certify that the information I have provided above is accurate and complete to the best of my knowledge and, where I have disclosed information in relation to my medical conditions, that disclosure is complete and accurate.*

Signed: \_\_\_\_\_

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

Please indicate if signing as a Parent or Guardian<sup>1</sup>: \_\_\_\_\_

Parent  Guardian

Signature of interpreter (if required): \_\_\_\_\_

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

<sup>1</sup> Please note: If you are signing as a Parent, Guardian or Interpreter then, by signing this form, you understand that you are indicating that you have fully informed the person you are caring or interpreting for about all the information outlined in this consent form.

**PRACTITIONER TRADING NAME & ADDRESS<sup>2</sup>:** .....