COMMON GROUND
healing arts

CLIENT INTAKE FORM

Please note: The information we request is for use in providing demographic information for grant proposal and reporting purposes. It will never be used in connection with your name or shared with any third-party. It will not be shared with your Common Ground practitioner or teacher. S/he will always have a conversation with you before beginning any class or treatment by asking if you have any particular concerns or needs.

Name:	Birthday:
Address:	
City/State/Zip:	
E-mail Address:	
Preferred Phone:	Employer:
Emergency Contact Name:	Emergency Contact Phone Number:

1. Gender: _____ 2. Race/Ethnicity: _____

3. Military Status: □ I am a veteran □ I am active duty military

4. Where do you live?
   - □ City of Charlottesville □ Albemarle County □ Louisa County □ Other -Virginia
   - □ Fluvanna County □ Nelson County □ Greene County □ Outside of Virginia

5. How many people are in your household? _____

6. What is your household's annual income?
   - □ Less than $10,000 □ $20,001 - $30,000 □ $40,001 - $50,000 □ $60,001 - $70,000
   - □ $10,001 - $20,000 □ $30,001 - $40,000 □ $50,001 - $60,000 □ More than $70,000

7. How did you hear about Common Ground?: (check all that apply)
   - □ Radio Station □ Physician Name: _____
   - □ Facebook □ CG Board Member Name: _____
   - □ Internet Search □ CG Staff Member Name: _____
   - □ Print Ad Where? _____ □ Nonprofit Organization Name: _____
   - □ Other Please Specify: _____ □ Friend/Family Member Name: _____

8. Do you have any of the following:
   - □ Respiratory condition (asthma, COPD, lung disease) □ Depression or Anxiety
   - □ Circulatory condition (high blood pressure, heart or kidney disease, blood clots) □ Cancer
   - □ Chronic Neck or Back Pain □ Diabetes

9. Please rate your general stress level: *(Please circle one)*

1	2	3	4	5
low	below average	average	above average	high

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YOGA LIABILITY WAIVER

I hereby agree to the following:

1. I am participating in classes or services during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any physical fitness program, including yoga. I represent and warrant that I have no medical condition that would prevent my participation in physical fitness activities.

3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held at Common Ground.

5. That if I participate in other classes or events at Common Ground (such as dance, martial arts. Etc.) that I will also assume full responsibility for any injuries that may result from my participation, with the same considerations that this waiver stipulates for yoga (items 1-4 above).

FINANCIAL POLICY

Common Ground operates on a sliding scale based on your household's income. The application for sliding scale is available on our website and in our office. Currently, our meditation offerings are donation-based. Payment is expected at the time of service. Cash, checks and credit cards accepted. Our returned check fee is $25. We do not bill insurance or provide information to insurance companies. If you need a receipt to submit to your insurance/flex plan, please request a receipt upon purchase.

LATE POLICY

Please arrive a 15 minutes early for your first appointment and a few minutes early for subsequent appointments to allow for a stress-free check-in, changing clothes and/or a little pre-treatment decompression time. Lateness causes a chain reaction and we want you to the get most bliss for your buck. We understand the unpredictability of traffic, weather and life, so we will do our best to fit you in as long as it does not affect the flow of our practitioners and other clients. If we can squeeze you in, your treatment may need to be cut short. If you arrive more than 10 minutes late and we are unable to accommodate you, it will be deemed a missed appointment.

MISSED APPOINTMENTS & CANCELLATION POLICY

We hope that you will not need to cancel your appointment. We do our best to meet your scheduling needs and request that you adhere to our cancellation policy. In respect for our intention to offer high quality health care at affordable prices, we kindly ask for 24 hour notice if it is necessary to cancel or reschedule an appointment. All appointments that are rescheduled or cancelled with less than 24 hours advance notice, or appointments that are missed, will be charged the price of the scheduled session. We ask that this fee be paid within one week of the missed or late cancelled appointment.

I have read the above release, waiver of liability and policies and I fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name (please print clearly) _____ **Signature & Date** _____