

Provider information:

Name: Tina Hilbert / TINA HILBERT CONSULTING, LLC & COILED YOGA

Email: Tina@myvinyasapractice.com Business phone: 405-370-4955

Name: \_\_\_\_\_

Month and Year of Birth \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Reason for scheduling consultation:

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\_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Input and Output Questions

1. How many glasses of water do you drink daily?

\_\_\_\_\_

2. How many times a day do you eliminate your bladder?

\_\_\_\_\_

3. How many times a day do you have a bowel movement?

\_\_\_\_\_

4. How frequently do you eat meals?

\_\_\_\_\_

5. How frequently do you snack?

\_\_\_\_\_

6. Do you find yourself constipated frequently?

\_\_\_\_\_

7. Do you find that you have loose bowel frequently?

\_\_\_\_\_

8. Do you eat meat, fish, eggs or dairy?

9. Do you eat gluten?

10. Do you have any food allergies?

### Natural Tendencies

1. Describe your hair using one of the following: wiry coarse, fine oily, thick full
2. Describe your nails as one of the following: thin brittle, round smooth, thick tough
3. Describe your eyes as one of the following: small dark, piercing bright, round deep
4. Describe your natural body type: long/lean or small/waif, average athletic, large sturdy
5. Describe your favorite taste: cool & crisp, hot & astringent, sweet & salty
6. Describe your temperament: anxious & distracted, quick tempered & reactive, judicial & fair
7. Describe your preferred Saturday night activity:

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### Practice

1. Describe your yoga practice and include the length of your study, the type of practice, and the frequency and duration of your practice.

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2. Describe your meditation practice.

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3. Describe any other Yoga or Ayurveda practices that your use daily

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Do you have a personal history with any of the following diagnoses?

- Anxiety
- Depression Personality Disorder OCD
- Schizophrenia
- PTSD
- Eating Disorder Other
- Arthritis
- Cancer
- Chronic Lung Disease Heart Disease
- IBS
- Krones
- Diabetes
- Sleep Disorders

Briefly describe your goals and intention for working with a Yoga Instructor. List any progressive benchmarks you are looking to achieve along the way.

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Please create a Sankalpa for our work together. A Sankalpa is an intention that you would like to weave throughout your sessions.

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Tina Hilbert Consulting, LLC & DBA Coiled Yoga

In consideration of and as inducement to your enrolling as a student or client of Tina Hilbert Consulting, LLC or DBA Coiled Yoga, I represent and agree as follows:

- (1) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment with you.
- (2) I will faithfully follow all instructions given me by you and your instructors as to when, where, and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
- (3) I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
- (4) I understand and acknowledge that I am to receive in instruction in Yoga theory and exercises only, and I will not hold you, your partners, instructors, or employees to any higher standard of care than that applicable to school of Yoga theory and exercises.
- (5) The tuition paid herewith, and such registration fees paid hereafter are non-refundable; such refunds if any, as are made shall be entirely within the discretion of Tina Hilbert Consulting, LLC or Coiled Yoga.

By signing this form, you are acknowledging that all information is correct and that you are authorizing yoga instruction, breathing, meditation practices and techniques intended to help facilitate healing and promote overall well-being. Yoga Instruction is not a substitute for Cognitive Behavioral Therapy or for working with a licensed professional. You also acknowledge that I, Tina Kay Hilbert, am not a Licensed Professional Counselor, and that I am not acting as such. You agree to verbal cues, physical adjustments, and suggested practices based solely on my qualifications as a Yoga Teacher.

Name: \_\_\_\_\_

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

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

Witness Name: \_\_\_\_\_

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

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