



Welcome to Two Rivers Yoga & Massage!

NAME _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Occupation _____

Home Phone _____ Work Phone _____

Email Address _____

Any problems/
discomforts/pains? _____

What makes it better? _____

What makes it worse? _____

What self-help measures have you tried? Did it
help? _____

How did you hear about TWO RIVERS YOGA? _____

Do you want to be on our emailing list? Already Am Yes No

If a partner, spouse, housemate, etc is already on our mailing list and you don't need to
receive duplicate copies of our mailings, please list their name here _____

Please read the policies on the back and then sign below:

Signature _____ Date _____