Jody Weatherstone Voice Studio

New Student Intake Form

GENERAL INFO

Date:

Name:

Date of Birth:

Age:

Mailing Address:

Email:

Phones: C: H:

Best way to contact you:

Referred by, or how you found me:

PREVIOUS MUSICAL STUDY

Have you studied voice previously?

If yes, for how long?

Name of teacher(s)

Type of instruction (Classical, Pop/Rock, Musical Theatre, etc.)

Do you play an instrument?

If yes, for how long?

Do you read music?

PHYSICAL ACTIVITIES

Are you a dancer? Have you had previous instruction in dance?

If yes, for how long?

Do you exercise or play a sport regularly? What type? (yoga, pilates, running, soccer, swimming etc.)

VOICE ASSESSMENT

What are your goals with voice study whether personal, professional, or non-professional?

Short term goals:

Long term goals:

What do you like about your voice?

What types of music have you sung, or are currently working on?

What do you love to sing?

Who are your favorite artists, who do you listen to?

On a scale of 1-10:

\_\_\_\_\_How important is your voice to you?

\_\_\_\_\_How much do you feel your voice affects your quality of life?

\_\_\_\_\_How well do you feel your voice currently fulfills your vocal needs?

\_\_\_\_\_How happy are with the sound of your voice?

\_\_\_\_\_How happy are you with the feeling of your voice?

Are you involved in a job or other activity that involves a high level of voice use other than singing? (Teacher, restaurant worker, salesperson, cheerleader, coach etc.)

Are there any current issues or challenges with your voice?

VOCAL HEALTH

List any past vocal injuries or surgeries and indicate dates:

List any past non-vocal physical injuries, issues, or surgeries (i.e. back, knee, neck injuries)

Do you have any of the following (that you are aware of):

\_\_\_\_\_TMJ

\_\_\_\_\_Acid reflux

\_\_\_\_\_Allergies

\_\_\_\_\_Chronic pain

\_\_\_\_\_Scoliosis

\_\_\_\_\_Other

Do you or have you ever smoked? How much?

How much water to you drink per day?

Medications may affect your voice, please list any medications that you are on or that you frequently use:

OTHER CONSIDERATIONS

The study of voice involves muscular training. As a singer, and both a student and teacher myself, I know the importance of understanding what is physically happening in the body when singing. Sometimes, the best way to facilitate this understanding, or to demonstrate the desired action, is through placing my hands on the student’s ribs, back, shoulders, neck, face, or stomach, or to have them place their hands on me in those same places. I will always ask for the student’s permission and comfort level before making any physical contact. If the student is not comfortable, I will do my best to find another way to verbally explain the physical aspects of the exercise. If the student is under 18 years of age and the parent is uncomfortable with any physical contact, I will not make contact with your child in any lesson, upon request.

\_\_\_Physical contact approved

\_\_\_Physical contact not approved

Initials:

CANCELLATION POLICY

I confirm ALL lessons at least 48 hours in advance. If you need to cancel your lesson you must do so at least 24 hours before your scheduled time. Lessons missed without notice will be charged the full fee. Emergencies will be handled on a case by case basis.

If you are not feeling well a day or so ahead of your lesson, please let me know! We can decide together the best way to proceed. It is ALWAYS better to communicate with me. I generally have a waiting list of students, as well as cancellations and will do my best to accommodate you, and ask that you respect my time, business, and health as well.

If less than 24-hour notice is received for a cancellation, but a call is made to my cell 674-2215 AND a text or an email to jodyweatherstone@gmail.com, a make-up lesson may be available. All make-ups must be scheduled within the current calendar week.

If a make-up lesson cannot be scheduled for a last minute cancellation, the student then WILL be responsible for the entire fee.

Initials:

\*\*\* Please remember, regular lessons and regular practice at home are the keys to progress. \*\*\*

I have read and agree to the policies stated above. The statements I have given are true to the best of my knowledge. I release Jody Weatherstone from any liability, including and not limited to, any pre-existing conditions that may hinder or prevent my vocal, physical, emotional, artistic, avocational, or vocational progress.

All information provided here is strictly confidential.

Printed Name

Signature:

(Parent or Guardian Signature if Student is Under 18):