

The Voice Studio of Dr. Kari Ragan
3468 NE Meadow Way, Issaquah, WA 98029
email: DKR@KariRagan.com

Student Orientation and Intake Form:

Welcome to the Studio. Please complete this form as a way of introducing yourself so that I may better understand your needs. If you have a resume, please include.

Name: _____

Age: _____

Email Address: _____

Cell Phone # _____

Previous vocal study:

Teacher(s), type of instruction (Classical, Pop/Rock, Musical Theater, etc.), and years studied?

Do you play an instrument? Can you read music?

What are your professional (or non-professional) performance goals for your voice?

What do you feel you need to work on in your vocal technique?

Who are your favorite artists, who do you listen to (who's on your iPod)?

Have you ever had videostroboscopy? _____

If yes, when and with whom? _____

Any past/current voice injuries, surgeries?

Any other health concerns you feel I should know about. (please remember some meds cause voice issues).

12. Are there any other physical and /or emotional issues that may hinder your realizing your vocal/performance goals that you feel comfortable sharing with me? (i.e.: confidence issues, depression, ADD, bi-polar disorder, OCD)

** In the course of study your teacher may need to touch you at various points on the body (including and not limited to, upper and lower abdomen, upper and lower back, head, neck, and torso.) Please initial your consent for this appropriate manner of touch.

I have read and agree to the policies stated on the website including cancelation policies. Also, the statements I have given are true to the best of my knowledge and I release Dr. Kari Ragan 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.

Signature: _____

Date: _____