

**YOGA CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a student of [STUDIO NAME]. This form is used to collect information about new students and for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **STUDENT GENERAL INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home** **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **YOGA EXPERIENCE/GOALS** |

**Have you practiced yoga before?** [ ]  Yes[ ]  No

-If yes, when was your last class/practice? \_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do you practice yoga?** [ ]  Never [ ]  Daily [ ]  Weekly [ ]  Monthly

**What style of yoga have you practiced most frequently?** (check all that apply)

[ ]  Hatha [ ]  Ashtanga [ ]  Vinyasa/Flow [ ]  Iyengar [ ]  Power [ ]  Anusara [ ]  Bikram/Hot

[ ]  Forrest [ ]  Kundalini [ ]  Gentle [ ]  Restorative [ ]  Yin [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your goals/expectations in yoga? What benefits do you seek?** (check all that apply)

[ ]  Strength training [ ]  Flexibility [ ]  Balance [ ]  Stress relief [ ]  Address health concern

[ ]  Alternative therapy [ ]  Improve fitness [ ]  Weight management [ ]  Increase well-being

[ ]  Injury rehabilitation [ ]  Positive reinforcement [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your personal yoga interests?** (check all that apply)

[ ]  Asana (postures) [ ]  Pranayama (breath work) [ ]  Meditation [ ]  Yoga philosophy

[ ]  Eastern energy systems [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LIFESTYLE AND PHYSICAL HISTORY** |

**How do you rate your current level of physical activity?**

[ ]  Sedentary/Very inactive [ ]  Somewhat inactive [ ]  Average [ ]  Somewhat active [ ]  Very active

**On a scale of 1-10, (1 being the lowest and 10 being the highest), how would you rate your level of stress?** \_\_\_\_\_

**Check the conditions that have affected your health either recently or in the past.**

[ ]  Broken/dislocated bones

[ ]  Muscle strain/sprain

[ ]  Arthritis/bursitis

[ ]  Disc problems

[ ]  Scoliosis

[ ]  Back problems

[ ]  Osteoporosis

[ ]  Diabetes type 1 or 2

[ ]  High/low blood pressure

[ ]  Insomnia

[ ]  Anxiety/depression

[ ]  Asthma/short breath

[ ]  Numbness/tingling

[ ]  Cancer

 [ ]  Pregnancy
 (EDD \_\_\_\_\_\_\_\_\_\_)

[ ]  Surgery

[ ]  Seizures

[ ]  Stroke

[ ]  Heart conditions/chest pain

[ ]  Auto-immune condition
 (e.g., AIDS, lupus)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently taking any medications?** [ ]  Yes[ ]  No

-If yes, please list the names and reasons for the medications:

**Is there any other information you would like to share?**

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| **ACKNOWLEDGMENT** |

By attending this class, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I agree to inform my yoga instructor of any activities or movements which I feel could cause injury to myself. I understand that yoga/meditation/breathing techniques are not recommended and are not safe under certain medical conditions. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. [STUDIO NAME] shall not be held liable for any injury, loss, or damage to property and/or persons sustained during or as a result of participation in these classes. I agree to listen to my body and monitor myself during every class session.

Student signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_