

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