YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

WELCOME! We would like to make your yoga experience as effective and enjoyable as possible. If at any time you have questions regarding your session, please let us know.

Name _____

Date of birth _____
Address_____
City, State, Zip _____

Cell Phone:_____

Email Address:_____

Emergency Contact (name, number):_____

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ____ No ____ Yes (date of last class/practice_____)

How often do you practice yoga? (circle one) DAILY WEEKLY MONTHLY

Style(s) of yoga practiced most frequently: (circle all that apply)

Hatha Ashtanga Vinyasa Iyengar Power Bikram Kundalini Restorative/Yin
Other:_____

What are your goals/expectations for your yoga practice?

What benefits are you looking for? (circle all that apply, explain)

Strength training Flexibility Balance Stress relief Address health concern Alternative therapy Improve fitness Weight management Increase well-being Injury rehabilitation Positive reinforcement
Other:_____
_

LIFESTYLE & FITNESS

How do you rate your current level of activity? (circle one)

Sedentary/Very inactive Somewhat inactive Average Somewhat active Extremely active

On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of stress? ___

PHYSICAL HISTORY

Please review this list and check those conditions that have affected your health either recently or in the past.

___broken/dislocated bones ___surgery ___seizures ____diabetes type 1 or 2 ___arthritis __disc problems ___pregnancy ___bursitis ___anxiety/depression ___muscle strain/sprain ___insomnia ___stroke ___scoliosis ___asthma, short breath ___heart conditions, chest pain ___back problems ___numbness, tingling anywhere ___osteoporosis ___cancer ___high/low blood pressure ___auto-immune condition* (*AIDS, fibromyalgia, chronic fatigue, lupus)

PLEASE READ & SIGN BELOW

We are delighted to have you as a yoga student with New Life Massage & Bodywork. All exercise programs involve a risk of injury. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury. Awareness is fundamental to the practice of Yoga. By attending these classes, 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 is not recommended and is 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.

I hereby release and forever discharge New Life Massage & Bodywork, and their respective officers, shareholders, employees & agents from any liability whatsoever out of or in connection with my participation in or attendance at any New Life Massage & Bodywork class or activity whenever conducted and by who ever conducted and will further indemnify and hold harmless the foregoing parties from any loss, cost, damage or expense (including attorney's fees and cost of litigation) that they may incur as a result of my attendance or participation of any New Life Massage & Bodywork class or activity. I agree to listen to my body and monitor myself during every class session.

Signature: _____Date: _____

NAMASTE!