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## The Aquarian Teacher™ KRI Level One STUDENT INTAKE QUESTIONNAIRE

Legal 1	Name:				
Spiritu	al (optional):				
Date o	f Birth:				
Addres	SS:				
Phone	number:				
Email A	Address:				
Emerg	ency Contact (name/phone	numbe	r):		
<u>YOGA</u>	<u>EXPERIENCE</u>				
Have y	ou practiced yoga before?				
	Yes				
	No				
How lo	ong have you been practicin	g yoga?			
How o	ften do you practice yoga?				
	Daily		Weekly		Monthly
Style(s	s) of yoga practiced most fr	equentl	<b>y</b> : (mark all that apply)		
	Hatha		Power		Kundalini
	Ashtanga		Anusara		Gentle
	Vinyasa/Flow		Bikram/Hot Yoga		Restorative
	lyengar		Forrest		Yin
					Other:
What a	are your goals/expectations	for you	ır yoga practice? What bene	fits are	you looking for?
(mark	all that apply and explain)				
	Strength training		Alternative therapy		Increase well-being
	Flexibility		Improve fitness		Injury rehabilitation
	Balance		Weight		Positive
	Stress relief		management		reinforcement
					Other:
Explair	n:				

Personal Yoga Interests: (mark all th	at apply)						
<ul><li>☐ Asana (postures)</li><li>☐ Pranayama (breath work)</li><li>☐ Meditation</li></ul>	_	nilosophy					
LIFESTYLE & FITNESS							
How do you rate your current level of physical activity? (mark one)							
<ul><li>Sedentary/Very Inactive</li><li>Somewhat Inactive</li><li>Average</li></ul>	☐ Somewl☐ Very Act	hat Active tive					
On a scale of 1-10, (1 is lowest, 10 is 1 2 3 4 5 6 7 8 9 10	s highest) how would you rate yo	our level of stress?					
PHYSICAL HISTORY  Please review this list and indicate any applicable health conditions, current or past.							
☐ Broken/dislocated bones ☐ diabetes type 1 or 2 ☐ pregnancy 〔EDD) ☐ muscle strain/sprain ☐ high/low blood pressure ☐ surgery ☐ arthritis, bursitis ☐ insomnia  EXPLAIN:	☐ seizures ☐ disc problems ☐ anxiety/depression ☐ stroke ☐ scoliosis ☐ asthma, short   breath ☐ heart conditions,   chest pain ☐ back problems	<ul> <li>□ numbness/tingling anywhere</li> <li>□ autoimmune condition (explain)</li> <li>□ osteoporosis</li> <li>□ cancer (explain)</li> <li>□ Other</li> </ul>					
Are you currently taking any medicate  Yes No							
If YES, please list medications and re	ason for taking.						

relevant to yoga practice or that you wish to share:
If questions or doubts arise due to any of these questions, you may want to reach out to us specifically about a health issue.
STUDENT ACKNOWLEDGEMENT
I understand that all exercise programs, including yoga, present some risk of injury. By signing below, I affirm that I am solely responsible for my health and well-being and for my decision to practice yoga or any other program of physical exercise. I agree to notify my yoga instructor regarding any activities, movements, or postures that I believe could cause me to injure myself. affirm that I do not have any physical or mental conditions or challenges that would limit or preclude my participation as a yoga student or in any exercise program. If in doubt about any physical or mental situation, I will consult my physician. I agree to indemnify, hold harmless, and covenant not to sue my yoga instructors and their affiliated organizations for any injury, loss, or damage to persons or property sustained as a result of my participation in this class. I agree to listen to my body and monitor myself during every class session. I understand that the use of non-prescription drugs, alcohol, tobacco and other substances that may alter my physical or mental state should not be used during the practice of Kundalini Yoga. During all of KRI Teacher Trainings, the use of the above-mentioned substances is prohibited.
Signature: Date: