

# AVGUST Studio Client Intake Form

## Personal Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Name & Phone): \_\_\_\_\_

## Medical History:

Do you have any of the following conditions (check all that apply)?

- Heart conditions (e.g., pacemaker)
- High blood pressure
- Recent surgeries
- Chronic pain
- Joint issues or injuries
- Pregnancy
- Other (please explain): \_\_\_\_\_

## Physical Limitations or Discomforts:

Please indicate any areas of your body that may need special attention or care during the session: \_\_\_\_\_

## Yoga Experience:

How long have you been practicing yoga? \_\_\_\_\_

Do you have any preferences or goals for this session?

\_\_\_\_\_

## Signature:

I confirm that the information provided is accurate to the best of my knowledge and that I will inform the instructor of any changes.

Name: \_\_\_\_\_

Date: \_\_\_\_\_