

YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

WELCOME!

We would like to make your yoga experience with Exhale with Emily 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 _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address _____

Occupation _____

Emergency Contact (name, #) _____

Referred by (Name, Flyer, Ad, website, Facebook, IG, Yoga Trail, BookYogaRetreats, etc.):

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/Flow, Iyengar, Power, Anusara, Bikram/Hot, Forrest,

Kundalini, Gentle, 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,

Spiritual guidance,

Other/Explain: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures), Pranayama (breath work), Meditation, Yoga Philosophy, Eastern energy systems

Other:

What are your goals/expectations of/for the session(s)?

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?

1 2 3 4 5 6 7 8 9 10

PHYSICAL HISTORY

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

broken/dislocated bones diabetes type 1 or 2 pregnancy (EDD _____) muscle strain/sprain high/low blood pressure surgery arthritis, bursitis insomnia seizures eating disorder(s) disc problems anxiety/depression stroke scoliosis asthma, short breath heart conditions, chest pain back problems numbness, tingling anywhere auto-immune condition* osteoporosis cancer (explain below) (*AIDS, fibromyalgia, chronic fatigue, lupus,

etc.)

Other/ Explain:

Are you currently taking any medications? Yes No

If yes, please list names and reason for medications.

EMOTIONAL HISTORY

It is common to have past experiences come to the surface while moving through in depth physical, emotional, and energetic work. We ask this question so our facilitators can be of the utmost support.

Have you experienced any trauma? Please explain:

If any of the information on this form needs to be detailed or if there is anything else to share, please do so:

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

We are delighted to have you as a yoga student of Exhale with Emily. The following information will help you get the most out of your yoga classes and clarify our teacher/student relationship.

We believe that Yoga is more than physical exercise. It is a transformative practice that integrates body, mind, emotion and spirit to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. By choosing to participate in this program, you voluntarily assume a certain risk of injury.

Awareness is fundamental to the practice of Yoga. By participating in these offerings, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program including physical exercise. I agree to inform my yoga teacher 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 this program. Exhale with Emily and it's teachers 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 this program.

I agree to listen to my body and monitor myself during every class session.

Signature: _____

Date: _____

Hare Om Tat Sat!