

# ***Yogalution Intake Form***

Your Name

Date of Birth:

Date of Intake:

Referred by:

Occupation:

Learning style (Auditory, Visual, Kinesthetic):

Describe your personality/frequently experienced emotions:

Have you practiced yoga before? Y N

If Yes, for how long? Class \_\_\_\_\_ Individual \_\_\_\_\_

Describe your sessions:

What brings you here today and what is your desired outcome of this session/program?

Are you under the care of a medical professional or other health care provider? Y N

If yes, why and for what condition(s)?

Have you had any accidents or injuries, hospitalization or surgeries?

If yes, please list:

What medications have you taken in the past 6 months:

Are you involved in regular exercise or sports? If yes, please describe:

Do you have any specific bodily discomfort? If yes, please describe:

Have you ever had any of the following conditions/illnesses/problems?

- Spinal/Skeletal problems
- Stroke history
- Muscular Injuries/Disease
- Circulatory problems
- Reproductive problems
- Pregnancy (delivery date)
- Arthritis
- Anxiety
- Headaches
- Cancer
- Allergies/Asthma
- Respiratory Problems
- Infectious disease
- High/Low blood pressure
- Elimination problems
- Diabetes
- Fatigue
- Dizziness
- Heart condition
- Skin disorders
- Depression
- Insomnia

Please describe your health condition(s) or any other concerns below:

**Waiver of Liability**

I understand that yoga involves physical exertion and stretching, and I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or discomfort I might experience in the practice of yoga. I understand and accept that to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Namaste!