



No one is too old or too stiff, too fat or thin or tired
~ BKS Iyengar

Laetitia d. Yoga

YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

Welcome! I would like to make your yoga experience as effective and enjoyable as possible. If at any time you have questions regarding your sessions, please let me know.

Name Date of birth

Address City, zip code

Home Phone Cell Phone

Email Address Occupation:

Emergency Contact (name, phone)

Referred by (Name, Flyer, Ad, Website, etc.)

YOGA EXPERIENCE / GOALS

Have you practiced yoga before? (please circle one) No Yes

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

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

Iyengar	Hatha	Ashtanga	Vinyasa/Flow	Power	Bikram/Hot Forrest
Kundalini	Gentle	Restorative	Yin	Amusara	Other

What are your goals/expectations for your yoga practice? What benefits are you looking for?
(circle all that apply, explain)

Strength	Training	Improve fitness	Stress relief	Flexibility
Weight management	Balance	Increase well-being	Injury rehabilitation	Alternative therapy
Address health concern	Positive reinforcement			

Other (explain):

Personal Yoga Interests: (circle all that apply):

Asana (postures)	Pranayama (breath work)	Meditation	Yoga Philosophy	Physical Therapy
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LIFESTYLE & FITNESS

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

Sedentary/Very inactive

Somewhat inactive

Average

Somewhat active

Extremely active

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

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

muscle strain/sprain

disk problems

scoliosis

arthritis

bursitis

high or low blood pressure

anxiety/depression

asthma

short breath

surgery

seizures

stroke

heart condition / chest pains

back problems

osteoporosis

numbness, tingling anywhere

cancer

auto-immune condition*

diabetes type 1 or 2

insomnia

*AIDS, fibromyalgia, chronic fatigue, lupus, etc.

Explain:

Are you currently taking any medications? (circle one) Yes No

If yes, please list names and reason for medications:

How is your sleep?

Is there any time of the day or night that you always experience pain or discomfort? If so, please explain:

What do you do when you're in pain to feel better?

What makes the pain worse?

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

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

By attending this class, 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 certain types of yoga are not recommended and are 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. Laetitia de Lagasnerie 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 class. I agree to listen to my body and monitor myself during every class session.

Signature:

Date: