

Logo

Private Yoga Session Intake

Name: _____ Date of Birth _____

Address: _____

E-mail: _____ Phone # _____

Emergency Contact: _____ Relationship _____

Phone _____

Physician _____ Phone# _____

Significant Health Conditions: _____

Medications Being Taken: _____

- ☐ headaches
- ☐ cancer
- ☐ heart/circulation problems major accident
- ☐ neck / back injuries numbness
- ☐ allergies
- ☐ TMJ
- ☐ joint surgery varicose veins diabetes sprains,
- ☐ strains
- ☐ arthritis, tendonitis
- ☐ abnormal skin condition
- ☐ high / low blood pressure blood clots
- ☐ fibromyalgia
- ☐ recent injuries

Explain Any Conditions You Marked

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Your name, company name, website, address, phone, e-mail.

Please list accidents, injuries and surgeries you have had, include dates:

What activities aggravate current problems or conditions?

What activities help?

You can insert a personal liability statement here such as:

I understand that yoga like any physical activity has the potential to cause injury.

I take full responsibility for my safety. I will not hold *insert your name*, or *insert studio/business name*, any of their owners, employees or representatives in any way liable or responsible in the event of injury whether caused by negligence of the releases or otherwise.

Signature: _____

Date: _____

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Your name, company name, website, address, phone, e-mail.

What are you hoping to experience during your Private Yoga Sessions?

Have you ever practiced yoga? If yes, please describe your practice:

Your Practice

What would you like to learn or experience during your yoga private.

Please rate the following topics from 1 to 5.

BEGIN WITH THE TOPIC YOU LIKE MOST & LABEL IT WITH THE # 1.

___ **Flow** – Linking several poses together coordinating movement with breath, creating heat.

___ **Form**- Focus on postural assessment, precision for safety & correct alignment.

___ **Meditation/Relaxation/Guided Visualization**- The internal practice, creating a sense of inner peace, helps to reduce stress & establishes feelings of joy & contentment.

___ **Philosophy**- Yoga theology, Ayurveda & healthy lifestyle practices

___ **Pranayama**- Breath-work, assisting students to relax, tune into the breath & clear the mind.

Please list other topics of interest here:

Please inform your instructor if you experience any feelings of discomfort at anytime during your session. Your safety and personal comfort are most important. _____initial

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Your name, company name, website, address, phone, e-mail.