



YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

We would like to make your yoga experience at Atlanta Mobile Massage 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 _____

Cell Phone: _____ Work Phone: _____

Email Address _____

Occupation _____

Emergency Contact (name, #) _____

Referred by (Name, Flyer, Ad, website, 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

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

Hatha Ashtanga Vinyasa/Flow Iyengar Kundalini Gentle Restorative Yin

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 Other/

Explain: _____

Personal Yoga Interests: (circle all that apply)

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

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 lowest,10 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 muscle strain/sprain arthritis, bursitis disc problems scoliosis
 back problems osteoporosis

Other/ Explain:

diabetes type 1 or 2 high/low blood pressure insomnia anxiety/depression asthma, short breath
 numbness, tingling anywhere cancer (explain below)
 pregnancy (EDD _____) surgery seizures stroke heart conditions, chest pain
 auto-immune condition*

Are you currently taking any medications? Yes No If yes, please list names and reason for medications.

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 at Atlanta Mobile Massage and Wellness. The following information will help you get the most out of your yoga classes and clarify our instructor/student relationship.

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

Awareness is fundamental to the practice of Yoga. 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 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 an exercise program. Atlanta Mobile Massage and the instructors 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: _____

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