

# PRIVATE YOGA INTAKE FORM

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Health Information:

Please list any injuries, illnesses, or conditions that may affect your yoga practice:

(e.g., back problems, heart condition, pregnancy, recent surgery, etc.)

Are you currently taking any medications that affect your mobility or balance?

If yes, please specify:

\_\_\_\_\_

Do you have any allergies (e.g., to oils, latex, etc.)?

If yes, please specify:

\_\_\_\_\_

## Yoga Experience:

Have you practiced yoga before? (Yes / No)

If yes, what styles? (e.g., Hatha, Vinyasa, Restorative, etc.)

\_\_\_\_\_

How often do you practice yoga?

\_\_\_\_\_

## Goals and Preferences:

What are your primary goals for yoga practice? (e.g., flexibility, strength, relaxation, stress relief, pain management)

Do you have any preferences for your yoga sessions? (e.g., pace, intensity, focus areas, music, environment)

## Liability Waiver and Consent:

I understand that yoga involves physical movement, including stretching, strengthening, and balancing. I acknowledge that I am voluntarily participating in these activities and assume all risk of injury or harm to myself. I certify that I have no medical conditions that would prevent my full participation in yoga. I release and hold harmless the instructor and any affiliated entities from any liability arising from my participation in yoga sessions. I agree to inform my instructor of any changes in my health status.

**CLIENT SIGNATURE**

**INSTRUCTOR SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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