



Private Yoga/Meditation Intake Form

Name: _____ Email: _____

Cell or Work Phone: _____ Address: _____

Emergency Contact: _____ Phone Number: _____

Yoga/Meditation Questions (circle answer/s):

1. Are you new to yoga/meditation?

Yes (skip to question 3)

No

2. How long have you been regularly practicing yoga or meditation?

Two to six months

Seven months to less than 1 year

One to three years

More than three years

3. What are your main reasons for your private session?

To increase flexibility

To improve muscle strength

To increase energy

To reduce muscle tension in neck, shoulders

To reduce muscle tension in lower back

To improve circulation

To reduce feelings of stress/increase peace of mind

To improve breathing/learn new breathing techniques

To improve balance/coordination

To improve stamina

Other (please specify)

4. Do you currently have any injuries or physical limitations? Please describe.

5. Do you have any of the following:

High/Low blood pressure

Any heart condition

Diabetes

Neck or back problems

Sciatica

Scoliosis

Any other conditions you would like your practitioner to know about?

Thank you for completing this questionnaire.



CONSENT FOR A PRIVATE YOGA AND/OR MEDITATION SESSION

I understand that yoga therapy includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the instructor. I understand that my Yoga Teacher may assist me in yoga postures. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I may have now or hereafter may have against Spirit of the Lake Yoga and Wellness Center.

Client

Date

Yoga Teacher

Date