

Private Yoga Intake Form

Name: _____ Date: _____

Preferred personal pronouns: **She/Her He/Him They/Them** Preferred contact method: **Phone Text Email**

Email: _____ DOB: _____

Address: _____

Phone: _____ Occupation: _____

Emergency Contact: _____

Relation: _____ Phone: _____

Please list any injuries, accidents, or recent surgeries that may impact these private yoga sessions:

Have you received physical therapy in the past for any of these injuries? Y or N

If you experience pain as a result of injury, what makes your pain/discomfort worse? _____

What makes your pain/discomfort better? _____

What activities of daily living (dressing, bathing, cooking, cleaning, walking, etc.) are affected by your injury or pain? _____

Are you or have you been under the care of a healthcare professional for any physical or mental illness that may impact our yoga sessions? _____

Are you currently pregnant? Y or N If yes, how many weeks? _____

Have you had any complications with this or previous pregnancies? Y or N If yes, please explain:

Do you currently have a regular (weekly or more often) personal yoga practice? Y or N

How frequently do you practice yoga? _____

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Do you meditate? Y or N If no, would you like to learn more? _____

Do you practice pranayama (breath work)? Y or N If no, would you like to learn more? _____

Are there any specific yoga postures that you really enjoy practicing? _____

Are there any postures you dislike/avoid? _____

Do you have a favorite style of yoga to practice? Why is it your favorite? _____

What are your desired goals or outcomes for these private yoga sessions? _____
