**Name:** \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 First Middle Last

**YOGA EXPERIENCE/GOALS**

**Have you practiced yoga before?** \_\_\_\_ No \_\_\_\_ Yes (Date of last class/practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**How often do you practice yoga?** (Circle one) Just starting Daily 2-3/week 4-5/week

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Hatha | Ashtanga | Vinyasa/Flow | Iyengar | Power | Anusara | Bikram/Hot Forrest |
| Kundalini | Gentle | Restorative | Yin | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIFESTYLE & FITNESS**

**Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sports, hobbies** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 is lowest, 10 is highest) how would you rate your level of stress?**

1 2 3 4 5 6 7 8 9 10

**PHYSICAL HISTORY**

**Are there any medical ailments/injuries/diseases/etc. that will prevent you from  
doing a physical yoga practice?**  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\*\*Continued on other side\*\*

**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  \_\_\_General back problems  \_\_\_Osteoporosis | \_\_\_Diabetes type 1 or 2  \_\_\_High/low blood pressure  \_\_\_Insomnia  \_\_\_Anxiety/depression  \_\_\_Asthma/shortness of breath  \_\_\_Numbness or tingling anywhere  \_\_\_Cancer (explain below) | \_\_\_Pregnancy (Approx. due date: \_\_\_\_\_\_)  \_\_\_Surgery \_\_\_Seizures \_\_\_Stroke \_\_\_Heart conditions or chest pain \_\_\_Auto-immune condition\* (\*AIDS, fibromyalgia, chronic fatigue, lupus, etc.) |

Other/ Explain:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_