

Sample Client Intake Form

(Date of Classes, Number of Classes – Session Name, i.e. Spring, 2011)

Name: _____ Email: _____

Home Phone: _____ Cell or Work Phone: _____

Address: _____

Emergency Contact: _____ Phone Number: _____

Registering for:

- Entire Session (April 19 – May 24) – 6 Classes
- Drop-In (Dates: _____)

Yoga Questions:

1. Are you new to yoga?
 - Yes (skip to question 3)
 - No

2. How long have you been regularly practicing yoga?
 - Two to six months
 - Seven months to less than 1 year
 - One to three years
 - More than three years

3. What are your two main reasons for taking yoga classes? (Check only 2)
 - 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 blood pressure
- Any heart condition (please explain)_____.
- Diabetes
- Neck or back problems (please explain) _____.
- Sciatica
- Glaucoma

Thank you for completing this questionnaire.