

Yoga Class Session Intake

Name: _____ Date: _____

Emergency contact and Mobile Phone Number: _____

Your Address: _____

Your Mobile Phone Number: _____ D.O.B. _____

Your Email Address _____

What yoga experiences have you had? _____

How long have you practiced?: _____ Favorite Poses: _____

Pain, Surgeries, Injuries, or Physical Limitations of which the instructor should be aware?: _____

How would you rate your overall Physical Health?: _____

What might affect your practice (smoking, alcohol use, etc.)?: _____

How do you exercise and how often?: _____

Please share an overview of your mental health (anxiety, depression, personality, etc.)?: _____

How does stress play a role in your life (relationship, work, family, children, etc.)?: _____

What do you want out of yoga?: _____

What are your coping mechanisms and support system?: _____
