



Today's Date: _____

YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

WELCOME! We would like to make your yoga experience with Donna Karen Yoga as effective and enjoyable as possible. If at any time you have questions regarding your session, please let us know.

Name _____ Date of birth _____

Address _____

City, State, Zip _____

Cell Phone: _____ Email Address _____

Occupation _____

Emergency Contact (name, #) _____

Referred by (How did you find me): _____

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ____ No ____ Yes (date of last class/practice _____) **How**

often do you practice yoga? (circle one) DAILY WEEKLY MONTHLY

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: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures) Pranayama (breath work) Meditation Yoga Philosophy Eastern energy systems
Other: _____

LIFESTYLE & FITNESS

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

Continued on other side

PHYSICAL HISTORY

Please review this list and check those conditions that have affected your health either recently or in the past.

<input type="checkbox"/> broken/dislocated bones	<input type="checkbox"/> diabetes type 1 or 2	<input type="checkbox"/> pregnancy (EDD _____)
<input type="checkbox"/> muscle strain/sprain	<input type="checkbox"/> high/low blood pressure	<input type="checkbox"/> surgery
<input type="checkbox"/> arthritis, bursitis	<input type="checkbox"/> insomnia	<input type="checkbox"/> seizures
<input type="checkbox"/> disc problems	<input type="checkbox"/> anxiety/depression	<input type="checkbox"/> stroke
<input type="checkbox"/> scoliosis	<input type="checkbox"/> asthma, short breath	<input type="checkbox"/> heart conditions, chest pain
<input type="checkbox"/> back problems	<input type="checkbox"/> numbness, tingling anywhere	<input type="checkbox"/> auto-immune condition*
<input type="checkbox"/> osteoporosis	<input type="checkbox"/> cancer (explain below)	(*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:

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

I am delighted to have you as a yoga student. The following information will help you get the most out of your yoga classes and clarify our instructor/student relationship.

I believe that Yoga is more than physical exercise. It is a trans-formative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. By choosing to participate in Donna Karen Yoga classes, you voluntarily assume a certain risk of injury.

Awareness is fundamental to the practice of Yoga. By attending this class, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. I understand that yoga is not recommended and is not safe under certain medical conditions. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. Donna Karen Yoga shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session.

Signature: _____ Date: _____

NAMASTE!