



## YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

**WELCOME!** We would like to make your yoga experience at Olga Yoga (Puma Concolor LLC) 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 \_\_\_\_\_

Emergency Contact (name, #) \_\_\_\_\_

How did you find us? (Name, Flyer, Ad, website, etc.): \_\_\_\_\_

### 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 Iyengar Power Bikram. Kundalini 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: \_\_\_\_\_

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## **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

**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)

### **PLEASE READ & SIGN BELOW**

We are delighted to have you as a yoga student at Olga Yoga (Puma Concolor LLC). The above information will help you get the most out of your yoga classes and clarify our instructor/student relationship. We believe that Yoga is more than physical exercise. It is a transformative 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 yoga classes, you voluntarily assume a certain risk of injury. Awareness is fundamental to the practice of Yoga.

By attending these classes, 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. I hereby release and forever discharge Olga Yoga Puma Concolor LLC, and their respective officers, shareholders, employees & agents from any liability whatsoever out of or in connection with my participation in or attendance at any Olga Yoga class or activity whenever conducted and by who ever conducted and will further indemnify and hold harmless the foregoing parties from any loss, cost, damage or expense (including attorney's fees and cost of litigation) that they may incur as a result of my attendance or participation of any Olga Yoga class or activity. I agree to listen to my body and monitor myself during every class session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAMASTE!