

Client INFORMATION

The following information requested is for general fitness programming and is in no way to be used for diagnosis. I recommend you visit your physician prior to participating in an exercise program. Your body's abilities, movements and challenges are your responsibility. I will support you in listening to and opening up your body.

Name _____ Date of Birth _____
Sex (circle one) M F
Address _____
City _____ State _____ Zip _____
Phone (H) _____ (C) _____
Email (I do not give this out to anyone!) _____
Ht _____ Wt _____

To assist me with designing your private yoga lesson, please answer the following questions.

1. What is your occupation?

2. What are your hobbies?

3. Do you: Sit many hours a day?

Stand in one position for a long period of time?

Carry things on one side of the body (purse, gym bag, children, groceries, etc.)?

Twist and turn the body? Have other repetitive motions and/or behaviors (please list)

4. Are you presently under professional medical care (such as physician, chiropractic, physical therapist, etc)?

Yes No

IF yes, please explain

5. Does your physician know you are participating in an exercise program? Yes No

6. Has your physician advised you not to exercise? Yes No

7. Who is your primary physician?

Name _____ Phone _____

8. Emergency contact person:

Name _____ Phone _____

Relation _____

10. How would you rate your eating habits? Poor Fair Good Excellent

11. Do you drink at least 36 oz. (~4 glasses) of water/day (water; not soda, coffee, juice, etc)? Yes No

12. What type of exercise/movement have you experienced in the past? Dance Yoga

Martial Arts Running Swimming Aerobics Weight Training

Sports None Other _____

13. What are your fitness/wellness goals? Decrease Pain Enhance Flexibility/Range of Motion Weight Loss Weight Gain Enhance Athletic Performance Reduce

Stress Weight Management Stress Management Increase Self Awareness Other

14. Have you had any recent injuries, medical conditions or surgeries?

15. Do you have any other aches or general issues with your physical form?

16. Are there any concerns I should know about you?

17. What day(s) of the week is best for you? Mon Tue Wed Thu Fri Sat Sun
What time(s) of the day are best for you? 6-8am 8-10am 10-Noon 12-4pm 5-9pm

First session info:

- Plan to spend at least 75 minutes so that we have time to chat and check-in
- Wear clothes that allow you to move freely, but aren't too loose
- Bring a water
- You may want to bring a journal or paper and pen to write down how you feel after the session
- I will provide a mat, any props you may need (blanket, block, or straps). However feel free to bring your own.

Thank you!