



Consultation Completed  Today's Date: \_\_\_\_\_

**YOGA THERAPY INTAKE FORM - CONFIDENTIAL INFORMATION**  
**WELCOME!** We would like to make your yoga experience at PIES Fitness Yoga Studio 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 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

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

Referred by (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:** (select 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?** (select all that apply)

Improve fitness Weight management Increase well-being Injury rehabilitation Positive reinforcement  
Other/

Explain: \_\_\_\_\_

**Personal Yoga Interests:** (select 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?** (select 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?**

**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, burtsitis    | <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"/> osteoperosis            | <input type="checkbox"/> cancer (explain below)      | (*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)   |

**Other/ Explain:**

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**Are you currently taking any medications?**  Yes  No If yes, please list names and reason for medications.

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**If any of the information on this form needs to be detailed or if there is anything else to share, please do so:**

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**PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:**

We are delighted to have you as a Yoga Therapy client at PIES Fitness Yoga Studio. The following information will help you get the most out of your therapy session and clarify our instructor/client relationship.

We believe that yoga is more than physical exercise. It is a transformative practice that integrates physical, intellectual, emotional, and spiritual elements to arrive at deeper levels of relaxation and awareness.

Awareness is fundamental to the practice of Yoga. Awareness is fundamental to the practice of Yoga. I understand that yoga involves some physical exertion and stretching, and I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or discomfort I might experience in the practice of yoga. I agree to inform my yoga therapist of any activities or movements, which I feel could cause injury to myself. I understand and accept that to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

PIES Fitness Yoga Studio and the instructors 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 yoga therapy session.

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