

**YOGA STUDENT INTAKE FORM - CONFIDENTIAL INFORMATION**

We would like to make your yoga experience at Hands of Grace as effective and enjoyable as possible. If at any time you have questions regarding your session, please let us know.

Name \_\_\_\_\_ Birth Month & Day \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Would you like to receive emails from Hands of Grace with class updates and promotions (approx 1-2 emails/mo)

Yes \_\_\_\_ No \_\_\_\_ If Yes: Email Address \_\_\_\_\_

Would you like to receive a Birthday Email (includes birthday discount coupon)?

Yes \_\_\_\_ No \_\_\_\_ If Yes: Email Address \_\_\_\_\_

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

**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: \_\_\_\_\_

**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:**

The following 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 and mind to arrive at deeper levels of relaxation and awareness. All exercise programs may 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 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.

Hands of Grace Massage & Wellness Center, LLC, Whischei, LLC 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 class session.

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

NAMASTE!