

## YOGA, MEDITATION, BREATHING TECHNIQUES CLIENT INTAKE FORM

Full 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: (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

# HOLISTIC GROWTH

Graciela Aires Rust MS, LPCA, CRC

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E-mail: [info@holisticgrowth.net](mailto:info@holisticgrowth.net)

## 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"/> Osteoporosis	<input type="checkbox"/> Cancer	

(\*AIDS, Lupus).

### **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 pleased to have you as a yoga/meditation/breathing work student at Holistic Growth. 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 contain a risk of injury. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury. Mindfulness 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/meditation/breathing techniques are not recommended and are 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. Holistic Growth 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 these classes. I agree to listen to my body and monitor myself during every class session.

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