

OMINNOVATION YOGA INTAKE FORM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Emergency Contact Name: _____ Phone: _____

Referred by: _____

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? Yes No

-If yes, when was your last class/practice? _____

How often do you practice yoga? Never Daily Weekly Monthly

What style of yoga have you practiced most frequently?

Hatha Ashtanga Vinyasa/Flow Iyengar Power Bikram/Hot

Forrest Kundalini Gentle Restorative/Yin Other: _____

What are your goals/expectations in yoga? What benefits do you seek?

Strength training Flexibility Balance Stress relief Address health concern

Improve fitness Weight management Increase well-being

Injury rehabilitation Positive reinforcement Other: _____

What are your personal yoga interests?

Asana (postures) Pranayama (breath work) Meditation Yoga philosophy

Eastern energy systems Other: _____

LIFESTYLE AND PHYSICAL HISTORY

How do you rate your current level of physical activity?

Very inactive Somewhat inactive Average Somewhat active Very active

On a scale of 1-10, how would you rate your level of stress? _____

Specify any conditions that have affected your health recently or in the past:

Are you currently taking any medications? Yes No

- If yes, please list the names and reasons for the medications:

ACKNOWLEDGMENT

Signature: _____ **Date:** _____