



**Client Intake Form**

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

Date of Birth \_\_\_\_\_ (dd/mm/year)

Emergency Contact (Name and Phone Number):

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How would you describe your current state of health and wellness?

- Below average - It's time to get serious about change!
- Average - I do what I can.
- Good - I'm happy with where I'm at.
- Great - I'm in a good place, now I just need to maintain it!

Please tell us about your current fitness/wellness regime, if applicable:

\_\_\_\_\_

Do you have any injuries or physical restrictions we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any health conditions we may want to consider when designing your program (heart condition, pregnancy, high or low blood pressure, nausea, headaches, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past, have any of the above injuries or conditions ever kept you from being physically active?

\_\_\_\_ Yes \_\_\_\_ No

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What previous exposure, if any, have you had to yoga?

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On a scale of 1 to 5, where 1 is low priority and 5 is high priority, which of the following areas of health and wellness are you most interested in developing:

Overall Flexibility	_____
Overall Strength	_____
Posture	_____
Focus/Concentration	_____
Cardiovascular Endurance	_____
Stress Reduction	_____
Improved Sleep Patterns	_____
Nutrition	_____
Reduced anxiety	_____

Apart from those mentioned above, what reasons do you have for practicing yoga in a private setting?

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**Please note, The Yoga Element asks all clients to respect our cancellation policy:**

*Private/Semi-private clients:* If you must reschedule or cancel your appointment, please provide 24 hour notice. Failure to provide sufficient notice will incur a fee equal to the cost of your session.

*Group class clients:* If you are unable to attend a class for which you are registered, your cancellation must be received within 24 hours of the start of the class. Late notification and “no-shows” will result in a class fee charged to your account, or a class deducted from your pre-paid pass.

I have read and will respect The Yoga Element’s cancellation policy, and agree to pay any fees incurred should I not provide 24 hours notice for a missed class or private session.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Thank you! We look forward to practicing with you.