

Ashley Hixon

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YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

Today's Date: _____

Name _____ Date of birth _____

Address _____ City, State, Zip _____

Phone: _____ Email Address _____

Emergency Contact (name, #)

Occupation/most common working position (sitting, standing, etc)

YOGA EXPERIENCE/GOALS

How long have you been practicing yoga? How frequently do you practice?

Style(s) of yoga practiced most frequently: (circle/highlight 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/highlight all that apply, or just explain any specifics you wish to address such as certain poses, actions, etc)

*Build Strength *Flexibility *Balance *Stress relief *Address health concern

*Weight management *Injury rehabilitation *Develop Home Practice *Prepare for

Public Classes *Spiritual/Personal Growth *Other

Explain: _____

Personal Yoga Interests: (circle/highlight all that apply)

*Asana (postures) *Pranayama (breath work) *Meditation *Philosophy

*Eastern energy systems

Other: _____

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"/> scoliosis |
| <input type="checkbox"/> muscle strain/sprain | <input type="checkbox"/> back problems |
| <input type="checkbox"/> arthritis, bursitis | <input type="checkbox"/> diabetes type 1 or 2 |
| <input type="checkbox"/> disc problems | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> surgery |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> seizures |
| <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> stroke |
| <input type="checkbox"/> asthma, short breath | <input type="checkbox"/> heart conditions, chest pain |
| <input type="checkbox"/> numbness, tingling anywhere | <input type="checkbox"/> auto-immune condition* |
| <input type="checkbox"/> cancer (explain below) | (*AIDS, fibromyalgia, chronic fatigue, lupus, etc.) |
| <input type="checkbox"/> pregnancy (EDD _____) | |

Please List Any Other Conditions/Explain

Are any previous injuries/conditions of ongoing concern? Where and how did they first occur? What poses or actions aggravate your discomfort? Especially explain yoga related injuries or injuries/conditions worsened as a result of yoga practice.

Are you currently taking any medications? ___Yes ___No If yes, please list names and reason for medications if applicable to our sessions.

LIFESTYLE & FITNESS

How do you rate your current level of activity? (circle one)

- *Sedentary/Very inactive *Somewhat inactive *Average *Somewhat active
 *Extremely active

What other activities do you do aside from yoga and how often?

On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of stress? Circle/ Highlight

- 1 2 3 4 5 6 7 8 9 10

If there is an aspect of stress contribution (work environment, family dynamic, recent loss, life transitions) that you wish to share please explain in as much detail as you are comfortable with. Though this can be sensitive territory it may prove helpful in our sessions.

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:

I understand that while yoga and meditation can be very beneficial, these ancient practices must be used in a way that is both mindful and safe. Yoga and meditation should never be used as a replacement for appropriate medical and psychiatric care. I understand that yoga is not recommended and is not safe under certain medical conditions. My decision to practice yoga and meditation should be discussed with appropriate healthcare providers prior to receiving private instruction.

Awareness is fundamental to the practice of Yoga. By engaging in private instruction, 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. Ashley Hixon 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 instruction.

Signature: _____

Date: _____