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CONFIDENTIAL CLIENT INFORMATION -- YOGA INTAKE FORM

Name _____ Date _____ Date of Birth _____

Your Preferred Phone Number _____ Occupation _____

Emergency Contact Name and Phone Number _____

What are your goals for yoga? Please check all that apply, and put a second check by those of most importance to you:

- | | |
|---|--|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Deepen existing yoga practice |
| <input type="checkbox"/> Increase energy | <input type="checkbox"/> Increase self-awareness |
| <input type="checkbox"/> Get started with a yoga practice | <input type="checkbox"/> Work with breath, meditation |
| <input type="checkbox"/> Maintain health | <input type="checkbox"/> Connect with others |
| <input type="checkbox"/> Design a home yoga practice | <input type="checkbox"/> Explore variations in poses |
| <input type="checkbox"/> Learn about accommodation for injury | <input type="checkbox"/> Other: _____ |

How often do you practice yoga? _____

How long have you practiced yoga? _____

What do you do for physical activity, and how often do you do it?

How active are you during your work? _____

Have you had any injuries, or is there anything else you would like me to know about your body?

Please describe the following areas in your life:

Sleep _____

Diet _____

Hobbies _____

Caffeine Use _____

Social Activity _____

Waiver

I understand that Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I take responsibility for consulting a physician prior to beginning any activity program, including Yoga. Yoga could, in some circumstances, result in abnormal blood pressure, fainting, or physical injuries. I recognize it is my responsibility to notify my teacher of any serious illness or injury. I will not perform postures to the extent of strain or pain. I accept that neither the teacher nor the hosting facility is liable for any injury or damages resulting from my taking this class. I will maintain confidentiality of the other members in a class or group.

Printed Name _____

Signature and Date _____