

# Yoga Intake Form

Please take some time and tell me about yourself to make our practice together as safe, comfortable and enjoyable as possible. Use the back of this form if you need more room.

Name: _____
Address: _____
_____
Phone Number: _____
Mobile Number: _____
E-mail: _____



1. Have you practiced yoga before? YES NO

If so, what do you like about practicing? \_\_\_\_\_

If so, please describe your experience with the yoga instructors. What did you consider to be helpful or not so helpful? \_\_\_\_\_

\_\_\_\_\_

2. Do you have any physical injuries or chronic conditions that could potentially affect your yoga practice?

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

3. What would you like to achieve with your practice (ex: weight loss, stress management, increased flexibility, mental clarity, strength training, etc. \_\_\_\_\_

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

4. Do you have any preferences in regards to poses, impact (high/medium/low), meditation, level of advancement, class pacing, use of sounds/chanting, etc. \_\_\_\_\_

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

Please know that I strongly encourage you to freely express yourself during your training. Let me know of any postures or practices which you find uncomfortable and what I may do to further enhance your practice of yoga. I am looking forward to practicing with you!

Katrin Ricci, RYT