



YOGA: THE ART OF LIVING WELL

CLIENT INTAKE FORM

Name:	
Birthdate:	Age:
Phone number(s):	
Email:	
Emergency Contact name/number:	
Home Address:	
How Did You Hear About This Program:	

Gender Pronouns (Circle)	She/Her He/Him They/Them Other (Specify):
Racial or Ethnic identity:	
Current or previous employment:	
How much yoga experience do you have? Describe: Do you have a meditation practice?	
Describe any injuries, limitations or concerns about your physical or mental capacity to do yoga, breathing exercises or meditation.	
How much time (ex: 30 minutes, 1 hour, 1.5 hours, etc.) do you have to commit to a 40 day body/mind/spirit make-over?	

How would you describe yourself? (Use back if necessary)

What are some of your strengths? What are some of your weaknesses?

What are the obstacles or challenges in your life that you are most interested in changing?

What are some of your greatest fears?

What are some of your greatest joys?

Do you feel motivated/or do you have the time for making a change in your life knowing this program is a 40 day commitment?



Fees (sliding scale)

Package of 3 or 5 classes (over the course of a 40 day program or a 60 day program)

3 (one hour) sessions - \$300 - \$375

5 (one hour) sessions - \$400 - \$500