

Name: _____ Date: _____

Email: _____ Phone: _____

- 1 Person: 60 minutes \$75
- 1 Person: 90 minutes \$110
- 2 People: 60 minutes \$110
- 2 People: 90 minutes \$175

What BENEFITS are you looking for? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Strength training | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Increase well-being |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Stress relief | <input type="checkbox"/> Positive reinforcement |
| <input type="checkbox"/> Improve fitness | |
| <input type="checkbox"/> Address a specific health concern _____ | |
| <input type="checkbox"/> Other: _____ | |

YOGA INTERESTS:

(check all that apply)

- Asana (postures)
- Pranayama (breath work)
- Meditation/Relaxation
- Yoga Philosophy

LIFESTYLE & FITNESS: I am...

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

YOGA EXPERIENCE/GOALS: Have you practiced yoga before?

- Yes (most recent class)
- No

Style(s) of yoga you have practiced (check all that apply):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hatha | <input type="checkbox"/> Anusara |
| <input type="checkbox"/> Ashtanga | <input type="checkbox"/> Bikram/Hot |
| <input type="checkbox"/> Vinyasa/Flow | <input type="checkbox"/> Kundalini Gentle |
| <input type="checkbox"/> Iyengar | <input type="checkbox"/> Restorative |
| <input type="checkbox"/> Power | <input type="checkbox"/> Other: _____ |

How often do you practice yoga?

- Daily
- Weekly
- Monthly

How would you rate your level of stress?

Please list any other sports or fitness programs you are currently involved in

	1	2	3	4	5	6	7	8	9	10	
Lowest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest

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

Please list any medications you have taken in the past 6 months? Why?

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Yogā

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Lifestyle Questionnaire: _____



	Questions	Yes	No
1	What is your current occupation? _____		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes, please explain.) _____		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		

•Extended periods of sitting means hips are flexed for long periods of time, lead to tight hip flexors and postural imbalances. Tendency for shoulders and head to fatigue, lead to postural imbalances including rounding of shoulders and a forward head.

•Repetitive movements can create pattern overload to muscles and joints. Working with arms overhead for long periods may lead to shoulder and neck soreness and tightness of lats and weakness in rotator cuff.

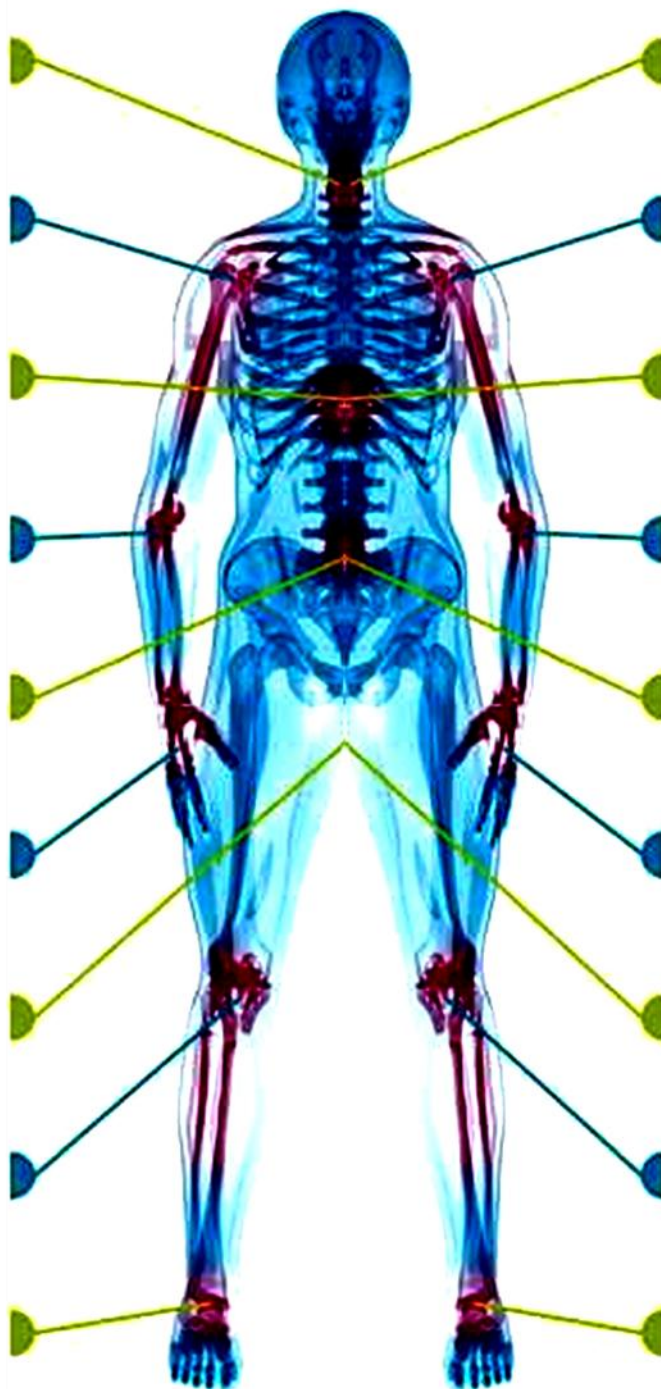
•Dress shoes put ankle complex in plantar flexed positions for long periods, leading to tightness in gastrocnemius, soleus, and achilles' tendon, causing postural imbalance such as decreased dorsiflexion and over pronation of foot and ankle complex, resulting in flattening of the arch of the foot.

	Questions	Yes	No
1	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____ _____		
2	Do you have any hobbies (reading, gardening, working on cars, etc.)? (If yes, please explain.) _____ _____		

•Mental stress can elevate resting heart rate, blood pressure, and ventilation at rest and exercise. Lead to abnormal breathing patterns that may cause postural or musculoskeletal imbalances in the neck, shoulder, chest, and low-back muscles.

Are you under the care of a medical professional or doctor?

Please note with an X where you experience any specific bodily discomfort



Have you had any accidents, injuries, surgeries or hospitalizations?
