# New Revive Yoga Client Intake & Health History Form

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____
Occupation: _____
Emergency Contact Name/Number: _____

Have you practiced yoga before? ____Yes ____No

How often do you practice yoga? (Check one)

_____Never _____Once every few weeks ____Once a week ____A few times a week _____Daily

What styles of yoga have you practiced before? (Check more than one)

____Ashtanga
____Hot Yoga
____Bikram Yoga
____Kundalini
____Yin/Restorative Yoga
____Power Yoga
____Hatha Yoga
____Iyengar
____Vinyasa Yoga
____Not sure

On a scale of 1-10 (10 being the highest), how would you rate your level of daily activity? _____

On a scale of 1-10 (10 being the highest), how would you rate your level of daily stress? _____

What are your health goals for your yoga practice? (Check more than one)

____Weight loss/maintenance
____Strength building
____Stress relief

_____Flexibility
_____Improve overall health
_____Alternative therapy (explain below)
_____Address specific health concern (explain below)
_____Balance/Inner Peace

Other/Explain More:

_____

_____

_____

Which aspects of yoga are you most interested in? (Check more than one)

_____Physical postures
_____Yoga philosophy
_____Breathwork/Pranayama
_____Meditation

Please review the following list and check any health conditions that apply to you or have applied to you recently.

_____Arthritis
_____Osteoporosis
_____Muscle pain
_____Muscle Weakness
_____Scoliosis
_____Bulging Disc
_____Degenerative Disc
_____Back pain/injury
_____Anemia
_____Sciatic
_____Diabetes
_____Asthma, shortness of breath
_____Seizures
_____Stroke
_____Heart conditions, chest pain
_____Anxiety
_____Depression
_____High Blood Pressure
_____Low Blood Pressure
_____Surgery (explain below)

_____Knee Pain/Injury
_____Cancer (explain below)
_____Pregnancy (explain below and estimated due date)

Other/Explain:

_____

_____

_____

_____

Are you currently taking any medications? ____Yes ____No

If so, please list the names and reasons for medications.

_____

_____

_____

I authorize the collection and use of the above personal information as is required for therapeutic treatment and related administrative purpose. I understand that all my personal information is confidential and will not be released without my signed consent.

I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in yoga classes offered by {insert company name here}. In addition, I will make my yoga instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against {insert company name here}.

Name: _____
Signature: _____
Date:

# Waiver of Liability

Revive Yoga & Fitness LLC

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____
Emergency Contact Name/Number: _____

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in the classes offered by Revive Yoga & Fitness LLC. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes offered by Revive Yoga & Fitness LLC. I understand the risks associated with the activities offered by Revive Yoga & Fitness LLC and I agree to follow all instructions so that I can safely participate in yoga classes.

I acknowledge that participation in yoga classes or any other fitness exercise classes exposes me to possible risks of personal injury. I am fully aware of these risks and hereby release Revive Yoga & Fitness LLC and/or any other persons who may teach at Revive Yoga & Fitness LLC from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their yoga classes and any other exercise classes offered by them. I acknowledge that hands-on adjustments will be made to help guide alignment, deepen awareness, or support physical safety. By signing this waiver, I give consent and:

- I understand that the instructor may offer hands-on adjustments during the yoga session.
- I acknowledge that I have the right to decline or withdraw consent to touch at any time, verbally or by using any established nonverbal cues.
- I agree to communicate clearly with the instructor if I do not wish to be touched or adjusted.
- I understand that the instructor will make every reasonable effort to respect my preferences and boundaries.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the benefits of practicing yoga with Revive Yoga & Fitness LLC.

Print Name: _____
Signature: _____
Date Signed: _____