



New Student Questionnaire

*All information is confidential

Name: _____

Address: _____

Email Address: _____

Phone:(cell)_____ (Home)_____

Preferred Method of Contact? Email Cell Home

Referred by: _____

1. Do you practice yoga regularly or have you ever tried a yoga class?
2. If yes, what style of yoga have you tried?
3. How often do you practice?
4. Is there anything specific you were hoping we could address with yoga, such as stress, centering, posture, strength or flexibility in an area?
5. What have your previous experiences with yoga been like, if any?
6. What is your reason or motivation for taking yoga?
7. Do you have any injuries; recent surgery or health conditions we should watch out for?
8. Is there anything else I should know in order to work best with you?