

Sheena Leigh Yoga Client Intake Sheet

Date ____/____/____

Personal Information~

First and Last Name _____

Email _____

Phone _____ Date of Birth _____

Occupation _____

Emergency Contact Name _____ Phone # _____

Relationship _____

Medical Information~

Any injuries, surgeries, or conditions I should be aware of? YES / NO

If yes, please explain: _____

Are you taking any medications? YES / NO

If yes, please explain: _____

Are you currently pregnant? YES / NO

If yes, how far along? _____

Any high risk factors? YES / NO

If yes, please explain: _____

Do you suffer from any chronic pain? YES / NO

If yes, please explain: _____

What makes it better? _____

What makes it worse? _____

Yoga Experience~

Have you practiced yoga previously? YES/NO

If yes, what styles? For how long? _____

Do you currently practice yoga? YES/NO

If yes, how often? _____

How would you describe your practice? _____

What are your goals with our time together? _____

What is the biggest obstacle/challenge for you in Yoga? _____

Where do you see Yoga fitting in your life? _____

What called you to work with me? _____

Anything else I should know? _____

Thank you! I'm looking forward to working with you!