Intake Form

Name DOB

Mobile no New students, how did you hear about me?

Have you practiced any of the following (please tick)

* Yoga
* Pilates
* Breathwork
* Plant Medicine

Please give details (how long/what style)

Please give details of:

Physical & mental health conditions

Injuries or surgeries

Anything you have been advised not to do by a medical professional

Medications and what for

Are you are pregnant, beast-feeding or have given birth in the last 2 years

What you wish to gain from your yoga practice (please tick)

* + Mental and emotional stability
	+ Mobility and strength
	+ Inner peace and mindfulness
	+ Social and community
	+ Other please state

Disclaimer

Any form of physical exercise is undertaken at your own risk, it is your responsibility to share any information regarding your health with me. Only practice postures if you feel that you can practice safely and follow the advice of the instructor.

Cancellation

Full donation is required if cancelled within 24 hours of your session

Safe Space

Students are invited to share any challenges they’ve experienced, no matter how small and are invited to connect with their inner space, especially during the restorative sessions. I ask that the quiet nature of the practice is respected so as not to disturb yourself or anyone else from their inward practice.

Your personal details will be kept on file but will not be shared with any third parties.

Please sign ……………………………………………. Date