

Lauren Booker Yoga and Therapy

Intake Form

Date: _____

Name: _____

Pronouns: _____

Gender: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

List any concerns you have:

List goals or accomplishments you would like to make:

Are you under a physician's care? If so, please list the reasons.

List your strengths and positive attributes.

What are some techniques you use to cope with life obstacles and stress?

What are your life goals?

What would you like to accomplish in therapy?