

HOPELIFE BEHAVIORAL & WELLNESS SERVICES LLC
YOGA INTAKE FORM.

GOAL : For students to be able to feel safe and empowered in their bodies . To gain multiple pathways to heal .To gain skills to use off of the mat as well .

Name:

Age :

When was your last visit to your primary care provider ?

Do you go to therapy ? Why or why not

How long have you been practicing yoga?

What are you looking for in your yoga practice?

If any Please briefly explain any trauma in your past and what you have done to try and heal?

If any , please note any triggers you'd think would hinder your yoga practice (i.e aromatherapy, music , lighting etc)

Have you had any traumatic injuries to the body ? Please Explain briefly

What is your overall outlook on your world today

What is one good habit that I have?

What is one habit I want to change?

Name 3 ways you prioritize self care