



## YogiLifePro

Private Client Intake Form

### Name \*

First Name

Last Name

### Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

### Phone Number \*

Area Code

**E-mail \***

example@example.com

**Date of Birth \***

Month   Day   Year

**Age \***

**Gender/Pronouns \***

**What do you wish to achieve from working with YogiLifePro? \***

**What are you current main health concerns? (medical / emotional / spiritual) \***

**Please briefly describe any injuries | accidents | surgeries, etc. we should know about to better serve you \***

**We may use essential oils (aromatherapy) during your experience. Please list any known allergies? \***

**Are you currently seeing any other healthcare or wellness professionals? \***

**How are you sleeping? (How many hours, quality etc.) \***

**Do you have any concerns about the following areas - please tick and comment below**

Digestion

Respiratory

Cardiovascular

Urinary

Nervous System

Muscle / Joints

Lymphatic System

Endocrine System

**How much time would you like to dedicate to this practice ? (How many days per week, hours per session, etc.) \***

**Would you like to go on my mailing list. No spam! Just updates and inetrests.**

Yes

No

**How did you hear about me?**



## **Cancellation Policy**

48 + hours prior to scheduled event, full refund of deposit, 24 - 47 hours prior to scheduled event, 50% deposit, 23 hours or less prior to scheduled event, 100% deposit



## Travel Fee Policy

Within 24 mile radius of Columbia, MD, no fee, within 25 - 49 mile radius of Columbia, MD \$25, within 50 - 74 mile radius of Columbia, MD \$50 and so on...~\$25  
Travel fee imposed for every 25 miles traveled