

Yoga Intake Form

Name _____ DOB _____

Address _____

E-mail _____

Phone _____

Occupation _____ Sports, hobbies _____

Emergency contact _____ Referred by _____

Yoga Experience/Goals

Have you practiced yoga before? If yes, please describe what your practice is like.

Are there any medical ailments/injuries/diseases/etc that will prevent you from doing a physical yoga practice?

What are your goals/expectations for your yoga practice and the time we share together?

Signature _____ Date _____

Please let me know if you have any health concerns or questions before our session. By signing, you assume all responsibility of risk, injury, and personal discomfort by signing up for this class with Melita Mollohan, E-RYT. You understand that it is my responsibility to inform Melita immediately before, during, and after session of any pain, discomfort, and/or existing medical situations. You release Melita and Zen From Within from any and all liabilities that result from my participation in any activities, classes, or private yoga sessions sponsored by Melita or Zen From Within. I am responsible for paying for any appointment cancellations of less than 24 hours.