



## Yoga Therapy 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.

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Are there any recent injuries/surgeries that will prevent you from doing a physical yoga practice?

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

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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 session with Melita Mollohan, Certified Yoga Therapist. You understand that it is your responsibility to inform Melita immediately before, during, and after session of any pain, discomfort, and/or existing medical situations. You release Melita Mollohan and Zen From Within, LLC from any and all liabilities that result from your participation in any activities, classes, or private yoga sessions sponsored by Melita or Zen From Within, LLC. By signing, you assume responsibility for paying for any appointment cancellations of less than 24 hours.