

4/29/24 CC MON

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Yoga Intake Form

My goals include:

- ☐ manage stress |||
- ☐ reduce pain ||| Manage pain |
- ☐ sharpen brain function |||
- ☐ improve sleep |
- ☐ improve breathing ||
- ☐ increase mobility |||
- ☐ improve balance and coordination |||
- ☐ other: relaxation

☐ other: promote longevity

☐ other: calming
other: maintain strength

Name (optional):

Can yoga therapy help my aches
balance

Can we have a class on yoga

class to follow conditioning

Thursday afternoons is

Name or nickname:

Age:

1. Have you been to yoga class before?

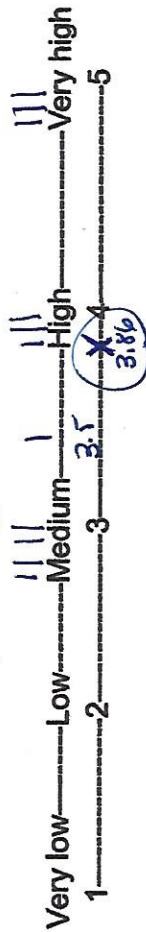
Yes / No

2. Why did you come to yoga class? see if I could do it / it could help me -
release stress - | exercise - |
improve balance - ||| helps back & hips - |
relaxation - || follows Pilates - |
SM - | straighten - | flexibility - ||

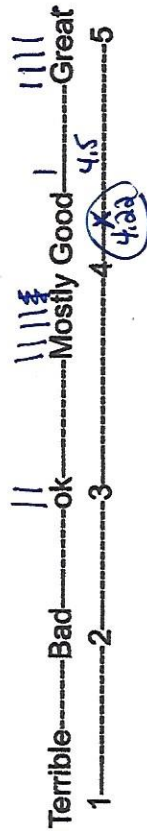
3. Do you currently exercise? Yes / No

4. Are you experiencing physical pain?

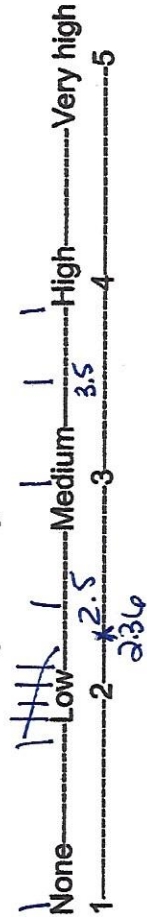
5. Please rate your energy level.



6. How is your sleep?



7. How would you rate your level of stress?



8. Is there anything else you would like to share?

80 74
77 75
85 67
69 68
67 Aug = 72
58