



Yoga/Pilates Program Intake Form

(This form is a tool to help establish a customized program for your unique goals and needs.)

Date:	First:	Last:
Address:		
Phone:	C:	H:
Date of Birth:		
Allergies/Health Concerns:		
Do you feel more often:	Hot	Cold
Do you feel more often:	Hyper	Tired
How many hours of sleep do you like?		
What type of food is your favorite?		

1. Please describe your exercise routine:

2. If you practice Yoga please describe how many times per week and what style Hatha (traditional style), (Vinyasa (flow), Ashtanga, Yin, Iyengar, Anusara, Hot Yoga (Bikram-style):

3. If you have a practice please list some poses you love and some you do not like at all:

4. If you have any Pilates Experience, please describe, when, how often, and what you did.

5. Please describe your daily fluid and dietary intake and supplements you may take:

Water:

Coffee/caffeinated tea:

Breakfast:

Lunch:

Dinner:

Snacks:

Additional comments:

6. Please list any current medical conditions you may have and your treatment method (if you have a physician diagnosis for any condition, please share the information with me):

7. How would you describe your overall health?

8. All of us have some limitations with regards to certain exercises or movements. Please describe positions or movements that are contra indicated for a condition you have. (I.e. someone with glaucoma should not do headstands and be careful with downward dog.)

9. Please describe your condition you wish to treat, or the goal you wish to accomplish with a prescribed Yoga practice:

10. If you wish to treat a condition please fill out the following information:
 - a. When did the condition start:
 - b. Do you have a suspicion of an event that may have triggered the condition:
 - c. What are the symptoms:
 - d. What provokes the symptoms:
 - e. On a scale from 1(mild) to 10 (severe), how would you list your symptoms:
 - f. Time of day are your symptoms are milder, time of day they are worse:

11. Describe your 12-month goal for your personalized program:

12. Any additional comments you would like to add: