

## Client Intake Form

### Ethical Commitment Statement

I, June Wing, am a Registered Yoga Teacher (RYT 500) and a Certified Yoga Therapist (C-IAYT).

Please feel comfortable to ask me any questions about my training. I also appreciate any feedback you may willing to share with me so that my learning can continue.

### Confidentiality Note

Answering the questions in this form will assist me to customize the program for you and alert me to any precautions or sensitivities that may impact your practice and well-being. If there are any questions that do not apply to you please mark them with N/A . I commit to keeping your responses confidential and secure. I understand that many of these questions are very personal and fully respect if you choose not to share information that is prompted in the questions below.

### Acknowledgement and Wavier

I, \_\_\_\_\_ acknowledge that June Wing, who I will be working with, has informed me that Yoga with a therapeutic approach is not a medical procedure; and that they will not be providing a diagnosis of any medical problems or concerns which I have. I understand that Yoga with a Therapeutic approach is an integrative practice intended to facilitate self-awareness, integration, and balance to my well-being. I also understand that I am solely responsible for my health, safety, and well-being. I agree to inform the yoga instructor of any activity or movement which I cannot perform safely, and that I will not perform any activity or movement, which I feel, is likely to cause me to injure myself. I agree to hold June Wing harmless from any and all responsibility for any injury, which I may sustain during or as a result of my Yoga therapy informed private one on one session.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Personal History**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Interest and Goals**

What are the major health concerns (acute/chronic conditions or injuries) that you would like to work on in your Therapeutic Yoga sessions?

## **Physical Body & Health**

How would you describe your overall health right now?

Please describe to the best of your recollection how and when the concerns you have noted arose.

Have you been diagnosed by a health professional? If so please explain.

Are you currently being treated for any of the above health concerns with other health professionals? If so please describe.

To what extent do these health concerns restrict your daily life?

What do you do for exercise and how regular is it?

Is there anything else that you think might be relevant to your health concern?