

YOGA DUDE — FITNESS — YOGA CLIENT INTAKE FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Please allow 24 hours notice if you need to cancel or reschedule your appointment.

Personal Info

What made you decide to do yoga? _____

What is your primary goal? _____

What are your favorite activities? _____

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)? _____

Health ~ PAR-Q Form Please mark YES or NO to the following:

- | | YES | NO |
|--|-----|-----|
| - Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? | ___ | ___ |
| - Do you lose your balance because of dizziness or do you ever lose consciousness? | ___ | ___ |
| - Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? | ___ | ___ |
| - Have you had a recent surgery? | ___ | ___ |
| - Do you know of any other reason why you should not do physical activity? | ___ | ___ |

-If you marked yes to any of the above, please explain below.

CLIENT INTAKE FORM

Lifestyle Related

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary Active Physically Demanding

Does your job require you to travel? Yes No

On a scale from 1-10, how would you rate your stress level? (1=low, 10=high) _____

List your 3 biggest sources of stress

a. _____ b. _____ c. _____

Do you regularly use the services of a massage therapist? Yes No Chiropractor? Yes No

Developing Your Fitness Program

How often do you take part in physical exercise? _____ per week _____ duration

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest Illness/Injury Lack of Time Other: _____

What activities are you presently involved in?

Cardio / Movement _____

Strength Training / Pilates _____

Stretching / Yoga _____

Sports and/or outdoor activities _____

Other _____

Realistically, how often would you like to exercise? _____ per week

Realistically, how much time would you like to spend during each exercise session? _____

What are the best days during the week for you to commit to your exercise program?

M T W Th F Sat Sun

What are the best times for you to exercise? Morning Afternoon Evening

What do you think is the most important thing your trainer can do to help you achieve these goals?

Miscellaneous

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.

