Client Intake Form

Client Information

Name: _____
Date of Birth: _____
Phone/Email: _____

Emergency Contact

Name: _____
Relationship: _____
Phone: _____

Health & Medical History

Do you have any current injuries or chronic conditions? ■ Yes ■ No
If yes, please describe: _____
Are you pregnant or postpartum? ■ Yes ■ No
Do you have any of the following (check all that apply):
■ Heart condition ■ High/Low blood pressure ■ Back/Spine issues
■ Joint replacements ■ Respiratory conditions (asthma, etc.)
■ Other: _____

Yoga & Wellness Goals

What brings you to Unbreakable Yoga? _____
What are your personal goals (physical, mental, spiritual)?
_____

Additional Notes

_____

Client Signature (to confirm accuracy)

_____ Date: _____