

PRIVATE CLIENT INTAKE FORM

Participant's Name: _____

Emergency Contact: _____

What are your main goals for (Circle all that are appropriate and answer below) practicing yoga? experiencing reiki? meditating? wellness coaching?

How long have you (Circle all that are appropriate and answer below) practiced yoga? participated in reiki? meditated? been to coaching?

Do you have any injuries, health conditions, or areas of ongoing concern?

What is your current level of activity? (Circle one)

Very Inactive Somewhat Inactive Average Somewhat Active Extremely Active

FOR YOGA ONLY: What is your comfort level in yoga practice? (Circle one or feel free to write in your thoughts)

Complete Beginner Beginner Level with some practice Intermediate Advanced

Please check YES or NO for any of these options (Of course, you can change your mind):

Chanting / Mantra YES NO

Extended Savasana YES NO

Hands-on Adjustments YES NO

Reiki During Savasana YES NO

Anything else? Feel free to write here.
