

**PRIVATE CLIENT INTAKE FORM**

**Participant's Name:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Other contact** (WhatsApp, Facebook, Instagram): \_\_\_\_\_

**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.
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