



CONSULTATION FORM - Yoga

Personal Details:

Title: Name

Address:

..... Postcode:.....

No. of Children:..... Date of Birth:

Profession:Phone No:

E-mail:

Age: Sex:

How did you hear about us?

Emergency Contact Details:

Contact Name:.....

Relationship:.....

Mobile No:.....

Have you practiced Yoga before? Please give details of how long, what style of Yoga etc.

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Physically where would you say your strengths are and your weaknesses?

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What are you hoping to discover or work with in your lessons, this could relate to mind, body and spirit.....

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Do you have any illness, medical condition or disability Y/N.....

If so please state details.....

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Have you suffered any injury of undergone any surgery that may have some bearing on your Yoga practice? Y/N.....

If so please state details.....

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Are you taking any form of medication that may have some bearing on your Yoga practice? Y/N....

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If so please state details.....

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Client Signature: Date: