

YOGA CLIENT INTAKE FORM	DATE OF FIRST CLASS	
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YOUR DETAILS

Full Name					
Gender		Date of Birth		Age	
Occupation					
Email			Mobile Number		
How did you find <i>Hart Awakening</i> / who referred you?					

EMERGENCY CONTACT DETAILS

Name		Relationship to you		Contact Number	
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YOUR CURRENT HEALTH

Health conditions (please tick where applicable) :

- Arthritis
 Blood Pressure
 Eye Issues
 Migraines
 Asthma
 Diabetes
 Epilepsy
 Pregnancy
 Back Pain
 Ear Issues
 Heart Condition(s)

If you ticked pregnancy above, how many weeks / what trimester are you in?	
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Medications / Supplements currently taking (Allopathic / Natural) and intended purpose	
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Significant past conditions of health (including surgeries, relevant dates & which side of the body)	
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Other health concerns (physically, emotionally / mentally, socially & spiritually)	
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YOUR PREVIOUS EXPERIENCE WITH YOGA

How often do you practice Yoga	
Any there any styles of Yoga you particularly enjoy	
Reasons for practicing Yoga (physically, emotionally / mentally, socially & spiritually)	

Disclaimer / Waiver / Agreement (please read carefully)

I (as your Yoga Teacher), need to be informed before commencement of the class, preferably prior (by phone or email), of any recent injury, illness, surgery, or of pregnancy. Yoga is safe and beneficial when practiced conscientiously and consciously. Every possible care will be taken by myself (as your Yoga teacher), to ensure your well-being and safety; though, I cannot be held responsible for improper practice at any time. As a student of Yoga, it is important that you realise your responsibility to yourself; therefore, it is necessary to sign this document.

I (as the Student), understand that the instructions given throughout Classes are intended only as guidance. It is therefore, my own responsibility to adjust my practice according to my limitations, to ensure that no personal injury occurs. I hereby declare, that I take full responsibility for myself during the Classes. I also understand the importance of correct guidance and undertake not to pass on, nor teach, any of the Yoga practices and other techniques taught in Class, without full understanding of the proper use of Yoga and with consent from my Teacher.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

~NAMASTE~

The Light within me, honours the Light within you.

HART AWAKENING

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