



The Yoga Barn

New Client Intake Form

This confidential information will help your instructor become aware of your specific needs when you work together.

First Name _____	How did you find out about us?
Last Name _____	<input type="radio"/> Website/ Internet <input type="radio"/> Magazine Ad <input type="radio"/> Free Sunday <input type="radio"/> Signage <input type="radio"/> Newspaper <input type="radio"/> Other – please specify _____ <input type="radio"/> Referred by: _____
Email: _____	
Home Tel: _____	
Other Tel: _____	
Address: _____	
City: _____	
State: _____	
Zip Code: _____	
<input type="radio"/> Male	
Birthdate: _____	
<input type="radio"/> Female	
Health Issues or other comments:	

Waiver:

YOGA BARN POLICIES

We do not sell or distribute email or personal addresses and information to any person or organization. If you do not want to be on our email or mail distribution list, please initial below.

_____ Initial to opt out of email updates

_____ Initial to opt out of the quarterly Yoga Barn Newsletter mailing

PRE-REGISTRATION

To assure your space in a series or workshop, we ask that you pay the first \$25 of the fee up front as a non-refundable deposit. For special events, we may increase this required deposit. Registration is handled through the main office at our Issaquah/Gilman location. Registrations less than 48 hours in advance are subject to a 10% surcharge. You may register by phone, fax, email or mail. Cash, checks & credit cards (Discover/VISA/MC) are accepted.

_____ Initial

PASSES

Passes are non-refundable and non-transferable. Please keep your pass with you so that it can be dated each time you come to class. For your convenience, we provide an index card box at the front desk where students may file their own pass. Please be mindful of the expiration dates, class passes will not be extended. If you cannot attend class regularly, please consider our drop-in rate as an option. In the event of an emergency, contact the Office Manager prior to missing class to discuss your options.

_____ Initial

REFUNDS/CREDIT

The Yoga Barn does not give cash refunds for classes and workshops. Credit in full, less the \$25.00 non-refundable deposit, will be extended with a minimum of 48-hour advance notice of your cancellation. No refund will be extended for less than 48-hour notice.

_____ Initial

WHEN YOU ENTER

Please print your name on the sign-in sheet if it is not already there, and place a check mark under the correct date for the class you are attending. Have your pass with you each time you come to class.

MAKE-UPS

Make-ups in the Intro Series are to be made up within the current series. It need not be with the same instructor. Please call the main office to confirm space availability. It is your responsibility to make up the class within the current session. In the event that it is the last class of the session, please call the Office Manager to discuss your options.

_____ Initial

PRENATAL

If you are having medical problems, please call us immediately so you will not be charged for missed classes. If you deliver during your session, credit can be applied to other classes and **must be used within six (6) months**.

_____ Due Date

WHAT TO WEAR/HOW TO PREPARE

Wear comfortable exercise clothing that allows freedom of movement such as leggings or elastic waist, loose-fitting pants. Socks or bare feet are required. We supply the mats and other yoga props needed, but recommend that students bring their own mat. Leave perfume, cologne and heavy jewelry at home. Be sure to NOT eat a heavy meal at least 1.5 hours before class. Moms-to-be please munch on something light.

CELL PHONES

The Yoga Barn is cell-phone-free sanctuary; please leave your cell phones and other electronic devices in your vehicle.

Yoga is a physical exercise. If you have any serious medical conditions, please check with your physician before registering.

I understand that yoga is a physical exercise and acknowledge that participation in activities at The Yoga Barn involves some risk. I agree to release, hold harmless and indemnify The Yoga Barn, Inc., its employees, instructors and owners from all claims including negligence, which arise out of participation in activities at The Yoga Barn. This release is binding as to any other persons including heirs, executors or family members.

Do you have or have you had:

- High blood pressure
- Glaucoma
- Osteoporosis
- Seizures
- Diabetes
- Rheumatoid arthritis
- Anemia
- Heart problems
- Asthma
- Other breathing problems
- Dizziness, vertigo or loss of balance
- Unexplained falls or fractures
- Hearing difficulty
- Hernia/rupture
- Unstable/ "trick" joint(s)
- Joint dislocation
- Metal implants/artificial joints
- Bladder or bowel control problems
- Pinched nerves or disc problems
- Cancer
- Broken bones
- Allergies
- Blood thinners
- Neurological diseases

- Headaches
- Vision difficulties
- Chest pain
- Shortness of breath
- Night sweats
- Joint swelling
- Traumatic auto accidents
- Major surgeries
- Other chronic conditions?
- Other _____

Women only:

- Hysterectomy
- Menopausal challenges
- Caesarian delivery
- Early termination of menses
- Are you pregnant? Yes No

Additionally, please check if any of the following apply:

- Back problems
- Hernia
- Joint Problems
- Epilepsy
- Fibromyalgia
- Arthritis
- Low Blood Pressure
- Hypoglycemia
- Chronic Fatigue
- Other:

Recent Surgery:

Medications & supplements you are currently taking:

THIS IS VERY IMPORTANT

Please mention any other health or medical condition that you believe may be helpful to your instructor and any precautions that should be taken to ensure your well-being.

Client's Notes:

1. Have you experienced other health problems or challenges in your life?
2. Do you experience pain in any part of your body – on occasion, acute or chronic?
3. Tell me a little about your lifestyle? Diet? Exercise program? Do you smoke or drink?
4. How is your breathing?

5. How would you describe your energy levels?

6. Would you describe your overall energy as stable or quite variable?

7. How is your stress level?

8. What types of situations trigger stress or bring it on for you?

9. What are some of the ways you find most effective for releasing stress?

10. Do you awaken from sleep feeling rested? Do you fall asleep easily?

11. How do you have fun in your life?

12. How well do you feel you nourish yourself – with food, love and laughter?

13. How would you describe your state of mind most of the time?

14. How would you describe your spiritual or religious life?

Yoga History

1. What is your experience with Yoga, meditation or other spiritual practices?

2. How often do you practice and is your practice regular?

3. What have you found most beneficial from these practices?

4. What have you found most difficult or challenging?

5. Have you had any previous Yoga injuries? How did they happen?

6. What do you hope to get out of Yoga practice? What is your main goal for Yoga practice?

7. Do you have any other comments/concerns?

I certify that the above information is correct to the best of my knowledge. I will not hold my doctor or any members of his/her staff responsible for errors or omissions that I may have made in the completion of this form.

Signature

Date