



# River Warrior Yoga

## Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special notations of best time/method to reach or not to call

\_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

What brings you here today? \_\_\_\_\_

\_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Specialized Physician or health care practitioners(s): \_\_\_\_\_

\_\_\_\_\_

List of any medications, supplements or related conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your Physician or Health Care Provider know you will be doing yoga? Y N

Are there any movements that have been advised against or restricted? \_\_\_\_\_

\_\_\_\_\_

Do I have permission to contact this person(s) if necessary? \_\_\_\_\_

Surgeries- past & anticipated (type & date) \_\_\_\_\_

\_\_\_\_\_

If you have/had any of the following conditions; please circle past or current;  
and briefly describe if applicable.

Allergies: past or current \_\_\_\_\_

Physical Impairments: past or current \_\_\_\_\_

Heart Problems: past or current \_\_\_\_\_

High/Low Blood pressure: past or current \_\_\_\_\_

Arthritis: past or current \_\_\_\_\_

Chronic Illness: past or current \_\_\_\_\_

Chronic Pain: past or current \_\_\_\_\_

Lung Problems: past or current \_\_\_\_\_

Neck, Back, or Joint Problems: past or current \_\_\_\_\_

Diabetes: past or current, type & medication \_\_\_\_\_

Headaches: past or current, type & usual solution \_\_\_\_\_

Cancer: past or current, type, any treatments or symptoms: \_\_\_\_\_

\_\_\_\_\_

Seizures or loss of consciousness: past or current \_\_\_\_\_

Thyroid Condition: past or current \_\_\_\_\_

Physical Trauma: (i.e. car, falls, ect) \_\_\_\_\_

Mental Health Conditions, please describe: \_\_\_\_\_

Do you smoke cigarettes? If so, what types, and how often? \_\_\_\_\_

Do you consume alcohol? If so, what type and how often? \_\_\_\_\_

Past or Present illicit drug use? If so, what types, and how often? \_\_\_\_\_

(Please be honest, this is confidential.) \_\_\_\_\_

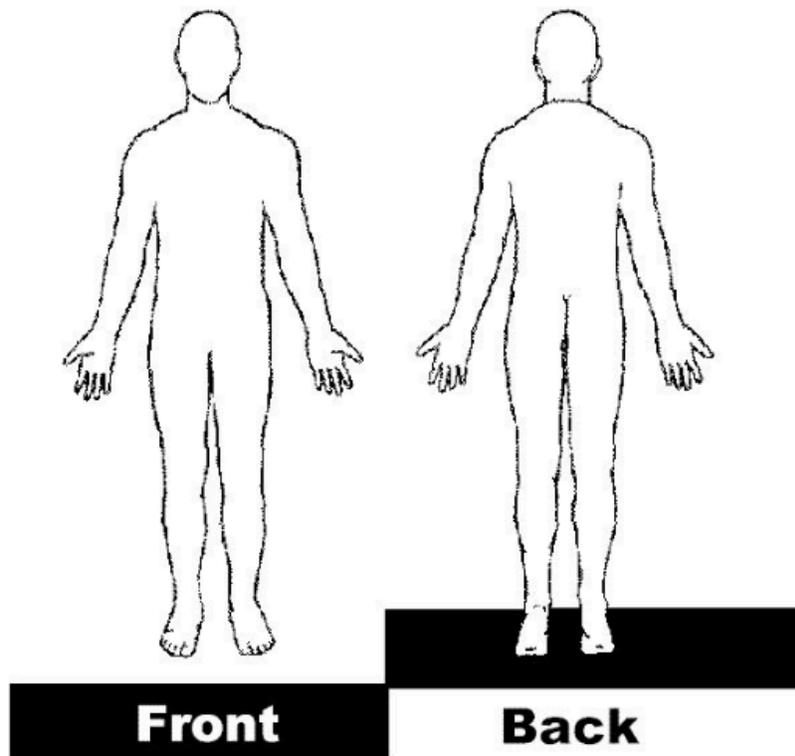
\_\_\_\_\_

Describe sleep patterns: \_\_\_\_\_

Describe diet & digestion: \_\_\_\_\_

Do you a religious or spiritual beliefs or practices? \_\_\_\_\_

**Please mark any areas of physical pain or concern:**



One a 1-5 scale, 1 being the least, 5 being the highest amount;

Are you in any physical discomfort/pain? (1-5 and describe) \_\_\_\_\_

\_\_\_\_\_

How stressed are you on a day to day basis? (1-5 and describe) \_\_\_\_\_

\_\_\_\_\_

Contributing Factors: \_\_\_\_\_

What do you do for stress management? \_\_\_\_\_

Describe your overall health? \_\_\_\_\_

Do you exercise? If so what type, how long and how often? \_\_\_\_\_

\_\_\_\_\_

Have you ever done yoga? Type? How often? Things you did or did not find useful?

---

What do you hope to accomplish through yoga/yoga therapy? (Goal(s))\_\_\_\_\_

---

Additional Concerns:\_\_\_\_\_

How much time are you willing to commit outside of this/these sessions?\_\_\_\_\_

---

## Terms of Service

- ✓ River Warrior Yoga follows the Kent County Public School System for all weather related closures; not delays or holidays.
- ✓ Please arrive and be set up before class begins, and stay until it is completed.
- ✓ Kindly refrain from wearing scented products.
- ✓ Leave all electronics outside of class, or have them turned on do not disturb.
- ✓ Honor your body and take rest when needed.
- ✓ If River Warrior Yoga cancels an event or class, a full refund will be provided.
- ✓ Participants need to cancel more than 24 hours in advance to receive a refund.
- ✓ Make sure your doctor is in agreement with your exercise and self-care routines and plans. The instructor is guiding the class to the safest and best of her ability. Please notify if there are any injuries, surgeries, or things that need to be modified. During class, if something hurts, or your health care provider has recommended against, don't do it. You are responsible for you own safety. I agree that doing yoga has potential risk and that River Warrior Yoga, or the facility, will not be held responsible.

I \_\_\_\_\_, **(full name, please print)** have read and agree to  
**these terms of service.**

If you do not wish to be added to River Warrior Yoga's e-newsletter, please check  
here

**Signature.** \_\_\_\_\_