



Om Fairy Personal Yoga Instruction Intake Form

Name: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Gender: _____ Weight: _____

Preferred method of contact: Phone Email SMS message

Emergency Contact, Relation, & Phone: _____

Goals

What do you hope to gain from your personal yoga sessions?

1) _____

2) _____

3) _____

Have you attempted to attain these goals in the past through yoga or other modalities? yes no

If yes, what worked for you? What did not work for you?

What days of the week are you willing to practice yoga on your own?

Mon Tues Wed Thu Fri Sat Sun

How much time can you dedicate to your personal yoga practice?

5 min 10 min 15 min 30 min 45 min 60 min 75 min 90 min

What time of day will you practice?

morning mid-day early evening late evening/before bed

Your Yoga Practice

Have you ever done yoga? yes no If yes, how long have you been practicing? _____

Do you meditate? yes no Do you practice pranayama? yes no



What is/are your favorite style(s) of yoga to practice?

Do you have any aversion to physical adjustments/being touched? yes no

General Health Information

Do you have any injuries? If so, provide detail of when the injury occurred, any activities or movements your injury prevents you from doing, and how you healed from the injury.

What activities do you participate in for exercise and enjoyment?

Are you or have you been under medical treatment for any physical or psychological condition?

Are you currently pregnant or trying to get pregnant? yes no

Any additional details you would like to share with Courtney:

Please discuss with Courtney any conditions that might affect your yoga practice.
All information that you provide in this input form or in person will be held strictly confidential.