



## Client Assessment

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you ever attended a yoga class? \_\_\_\_\_

Referred by \_\_\_\_\_

Physician \_\_\_\_\_

In Emergency Notify \_\_\_\_\_

Current Diagnosis \_\_\_\_\_

Current Treatment \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

Do you have any injuries? \_\_\_\_\_

Surgeries (w/dates)? \_\_\_\_\_

Past Medical History, (please check)

\_\_\_Heart Disease \_\_\_High Blood Pressure \_\_\_Diabetes \_\_\_Stroke

\_\_\_Seizures \_\_\_Thyroid Disease \_\_\_Cancer \_\_\_Glaucoma/Detached Retina

Please circle areas of pain, numbness or discomfort on the figure below.



Therapeutic Yoga is intended to help you increase your level of health and wellness. The instructions and advice presented by your instructor are in no way meant to be a substitute for counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program.

Signed \_\_\_\_\_ Date \_\_\_\_\_