



New Student Questionnaire

Contact Information

Today's Date	
Name	
Address	
Home Phone Number	
Cell Phone Number	
Work Phone Number	
Emergency Contact - Name, Phone Number, Relationship to You	
Email Address	
Date of Birth	
How did you hear about our studio?	

Yoga Practice Questionnaire

Completing this practice questionnaire is optional. The questions are designed to help me tailor a yoga practice that will be of the most benefit to you. An understanding of your current physical condition is important to minimize risk of injury. Your answers will be kept in complete confidence.



New Student Questionnaire

1) What benefits are you hoping to receive from your yoga practice?

2) What do you already know or have heard about yoga?

3) Have you ever tried yoga before? When and what style?

4) Briefly explain your dietary habits



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- 5) Are you currently taking any medications? Do you take any vitamins?
- 6) Are you generally a calm, grounded personality, an energetic type or a combo of both?
- 7) Do you have any physical issues that would prevent you from doing any particular kind of exercise? Please describe.
- 8) Do you sit for long periods of the day or remain active? Do you have difficulty sitting still?



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9) Do you have problems falling asleep or staying asleep?

10) Do you eat after 7pm?

11) What is your current exercise / workout regime?

12) Do you currently have any stiffness, aches or pains? If so, where? Is there any movement or activity that makes pain worse? How long has this affected you?