



EPIC YOGA & FITNESS

Rehabilitative Yoga Intake Form

Client Name: _____

NEW CLIENTS: Please take a moment log onto our WellnessLiving account to create your online profile. Your contact details as well as emergency contact information will then be electronically stored.

Rehabilitative Yoga sessions are designed specifically for each client's needs at the time of the session. It is important that the client provide as much information as possible to the Rehabilitative Yoga Teacher regarding current health at the time of each booking.

By completing and providing information below, we can prepare a case study for your initial session.

Date of injury or when symptoms first began: _____

Please describe the injury and symptoms in more detail:

Please describe any known triggers of irritation and their affect:

What are your goals for Rehabilitative Yoga Sessions:



As every piece of information is helpful, we would like to be able to contact other Medical Service Providers to complete a thorough plan for your initial visit.

Please list any Physiotherapists, Massage Therapists, Chiropractor or other Medical Professional that you consent to us contacting:

Name & Title: _____

Clinic Name: _____

Phone number: _____

Name & Title: _____

Clinic Name: _____

Phone number: _____

Name & Title: _____

Clinic Name: _____

Phone number: _____

Please date and sign for your consent to contact those health care providers listed above, and for us to prepare for your initial visit. We require 24 hours' notice to reschedule appointments, and missed appointments will be charged the full amount.

We look forward to helping you achieve your Rehabilitative goals through the many beneficial facets of Yoga.

Date: _____

Full Legal Name: _____

Signature: _____