



New Client Information Form

Date: _____

The information provided on this form will be treated as confidential. Please ensure that the information is complete and accurate as this will ensure your yoga practice is tailored to your current level of health.

First Name:	_____
Last Name:	_____
Date of Birth:	_____
Occupation:	_____
Address:	_____
Suburb:	_____ State: _____ Postcode: _____
Telephone:	_____
Email:	_____
Emergency Contact:	_____
Relationship:	_____
Phone:	_____

Have you practiced yoga before? : Yes / No

If Yes, what style/s and for how long have you practiced?

What is your main goal for practicing yoga?

Lifestyle:

How do you rate your current level of stress, on a scale of 1 – 10, where 1 is the lowest and 10 the highest?

1 2 3 4 5 6 7 8 9 10



Physical activity:

How would you describe your current level of physical activity?

Sedentary	Lightly Active	Active	Very Active
No intentional exercise	30mins moderate exercise / day	50min vigorous exercise / day	120mins vigorous exercise / day
Most of day spent sitting	Good part of day spent standing	Physically active work	Heavy lifting/ physical work

Health history

Have you or do you currently have any of the following conditions? If 'Yes' please provide further details below:

	Y/N		Y/N
Anxiety		Hypoglycaemia	
Arthritis		Insomnia	
Asthma		Low blood pressure	
Autoimmune condition		Osteoporosis	
Cancer		Pain (acute or chronic)	
Carpel Tunnel Syndrome		Sciatic nerve issues	
Diabetes (T1 or T2)		Scoliosis	
Digestive issues		Shoulder pain	
Epilepsy		Spinal injury	
Heart Condition		Stroke	
Herniated disc		Surgery	
High blood pressure		Thyroid condition	
Hip problems		Other:	

Additional information:

Are you currently pregnant or have you given birth in the last 12 months? Yes/ No

Are you currently taking any medications? Yes/ No

If 'Yes' please detail:



Waiver & Release Form

I understand that yoga includes physical movements as well as an opportunity for relaxation and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not recommended and is not safe under certain medical conditions. I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Claire Evans yoga and all related facilities and premises for any personal injury or negligence. Additionally, Claire Evans Yoga is not in any way responsible for any loss or damage of your personal property.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Name: _____

Signature: _____

Date: _____