



## Intake Form

Hi! It's my goal to get to know you, help you get feeling better, and most of all keep you safe! Please share as much or as little as you wish about your health/medical conditions with me. Marcy xo

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you done yoga before? Did you enjoy it? Was it hard or easy?

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Why are you here today? What areas of your body are giving you trouble? List any surgeries, car accidents, and injuries that you've had as they relate to moving your body. Do you struggle with anxiety or mild depression?

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