



CHLOE MCKAY YOGA  
more love. greater happiness

## Yoga Therapy Intake Form

### Personal Details

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

DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Contact Details

Doctor: \_\_\_\_\_

Doctor's surgery: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Their relationship you: \_\_\_\_\_

Their contact number: \_\_\_\_\_

### Your Health

Do you currently have any health problems?

If so, please give details such as onset, diagnosis, severity, treatment.

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Have you recently visited or are currently seeing a doctor, consultant, psychologist, social worker or therapist? (eg osteopath, physio, chiropractor, acupuncturist, massage, other).

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Are you currently taking any medicine, either prescribed or bought over the counter (including herbal and other supplements)?

If so, please give details.

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Have you had any major illnesses, accidents or injuries?

If so, please detail.

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Do you suffer from any physical limitations; aches, pains, limited mobility/flexibility?  
If so, please detail.

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Do you have specific physical or psychological sensitivities that I may need to be aware of to better support you?

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Please explain your main reason for attending?

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Please tick any of the following you currently suffer from/have had in past?

Arthritis		Stomach or duodenal ulcers	
Rheumatism		Indigestion	
Back, shoulder or neck pain		Other digestion disorders	
Other back problems		Premenstrual tension (pmt)	
Damaged muscles or joints		Menstrual problems	
High blood pressure		Fibroids	
Low blood pressure		Menopausal problems	
Heart problems		Other genito-urinary disorders	
Other circulatory disorders		Pregnancy/childbirth problems	
Varicose veins		Diabetes	
Asthma		Cancer	
Chronic bronchitis/emphysema		Migraines	
Other breathing problems		Insomnia	
Allergy or hayfever		Excessive fatigue/ME	
Sinusitis		Excessive anxiety	
Hernia		Depression	
Constipation		Other mental health problems	

Please list any health concerns that you suffer or have suffered from that are not mentioned above.

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## Your Lifestyle

Do you smoke? Yes / No

Do you drink alcohol? Yes / No

If yes, how many units per week? \_\_\_\_\_

(1 medium glass wine = 2 units / 1 pint of lager = 2units / 1 measure of spirits = 1 unit)

Do you exercise regularly? Yes / No

If yes, what and how often?

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Do you travel for your work? Often / Occasionally / No

How do you travel to work? Car / Public Transport / Bike / Walk / Other

When do you feel most energetic? Morning / Daytime / Evening

How many meals do you eat daily? \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_

If yes, how many cups per day? \_\_\_\_\_

What's your daily/weekly sugar intake? \_\_\_\_\_

Which of the following best describes your diet?

- Vegetarian/vegan
- Pescatarian
- Includes some meat
- Regular meat eater

How is your general wellbeing? (eg energy, sleep, diet-digestion, stress levels)

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## Yoga Practice

Have you ever practiced yoga before?                      Yes / No

If so, what style? \_\_\_\_\_

How long have you been practicing/previously done so?  
\_\_\_\_\_

What was your experience of yoga?  
\_\_\_\_\_

Circle any of the aspects of yoga that interest you?

- Building strength
- Improving fitness
- Increasing flexibility
- Developing mental and emotional balance
- Chanting
- Spiritual dimension

Circle any of the following that you feel reflect your personality?

- Creative
- Practical
- No-nonsense
- Open-minded
- Open-hearted
- Spiritual

Do you have a view as to how much you would like to practice yoga?

- Once a week
- Three times a week
- Weekdays only
- Weekends only
- Daily
- Not sure

How much time to you have available in one block to practice?

- Two hours
- One hour
- 30 minutes
- 15 minutes

## Confidentiality

Chloe McKay Yoga honours your privacy. All information is confidential and every effort will be made to ensure that your identity is protected. All discussions between yoga therapist and client are strictly confidential.

There are, however, some limitations to confidentiality that you need to be aware of: as your yoga therapist, I reserve the right to break confidentiality and contact the appropriate services should you be considered to be a risk of harm to yourself or others. I will make every effort to inform you prior to taking this action.

## Disclaimer

I \_\_\_\_\_ confirm that all to the best of my knowledge all the information provided in this form is accurate and up to date. I understand that yoga is a practice which involves physical movement, breathing, and meditation, which induces specific physiological and psychological changes. I represent that to the best of my knowledge and belief I am able to participate in these aforementioned activities. In the event that I am unsure or if I have questions regarding these practices I will speak to my doctor and my yoga therapy practitioner to receive further counsel and will follow his/her advice.

I understand that yoga therapy does involve movement and that like with any physical practice, in the unlikely event that injury occurs, I will not hold my Yoga Therapist. I hereby assume full responsibility for any risk or injury, arising out of or related to my participation and or instruction in yoga therapy.

Whilst it can be hugely beneficial, I know that yoga therapy is not a substitute for any care I may be receiving from a professional primary health care provider and that it is advisable to continue any therapy work, in conjunction with yoga therapy.

I fully understand that any practitioner or therapist recommended to me, or to whom I am referred, by Chloe McKay Yoga is not an employee, agent or affiliate of Chloe McKay Yoga and Chloe McKay Yoga is not liable for any act or omission of any such practitioner or therapist. I understand that I am responsible for notifying my yoga therapist of any changes to my health or medical conditions that may affect the treatment carried out by the yoga therapist.

**Signed:**

**Print:**

**Date:**