

# Student Intake Questionnaire

**Jennifer Davis**  
Certified Yoga Therapist  
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Name	
Email Address	
Phone Number	
Age	
Present Health Status – list current areas of concerns	
Primary Area of Concern to Address	
Past History of Health – list previous injuries, illnesses, surgeries that could affect your yoga practice	
What are your current treatments and/or medications?	
Do you exercise? What type? How long? How often?	
What are your general eating habits? (Under eat, overeat, snacking, healthy, etc)	
What are your favorite activities?	
How well do you sleep? How many hours do you sleep per night?	
What is your energy level?	<input type="checkbox"/> High=you have all you need and then some. <input type="checkbox"/> Medium=tired when you shouldn't be. <input type="checkbox"/> Low=not enough energy for day-to-day activities.
Do you have previous experience with yoga? Describe.	
Do you have previous experience with meditation? Describe.	
How much time do you have to devote to yoga practice? <u>Be realistic</u> 😊	
What are your primary goals you wish to achieve through yoga practice? <u>Be specific.</u>	

## **Agreement and Release of Liabilities**

1. In consideration of being allowed to participate in the activities and programs of Jennifer Davis, Yoga Therapist, I do hereby waive release and forever discharge, Jennifer Davis from any and all responsibilities or liability from injuries or damages resulting in my participation in any activities mentioned above. I do hereby release from any responsibility or liability for any injury or damages to myself, including those caused by the negligent act in any way arising out of or connected with my participation in any activities of or developed by Jennifer Davis, 11540 Kemper Woods Drive, Cincinnati, OH 45249.

If You Agree, Please Initial Here \_\_\_\_\_

2. I understand and am aware that strength, flexibility, and aerobic exercise, including those of weights or equipment, are potentially hazardous activity. I understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using weights and equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

If You Agree, Please Initial Here \_\_\_\_\_

3. I do hereby declare myself to be physically sound and suffering from no condition, Impairment, disease, infirmity or other illness that would prevent my participation in yoga therapy; I do hereby acknowledge that I have been informed of the need for a physicians approval for my participation in an exercise/fitness activity or in the use of equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have his or her recommendations concerning these activities and equipment use. I acknowledge that I have had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in this activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and the utilization of any equipment in my activities.

If You Agree, Please Initial Here \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_