



The Aquarian Teacher™
KRI Level One
STUDENT INTAKE QUESTIONNAIRE



Legal Name: _____ Date of Birth: _____

Address: _____

Home Ph: _____ Cell: _____ Work Ph: _____

Email Address: _____

Emergency Contact (name/phone number): _____

YOGA EXPERIENCE

Have you practiced yoga before? ___ No ___ Yes (*date of last class/practice* _____)

How often do you practice yoga? (circle one) Daily Weekly Monthly

Other: _____

Style(s) of yoga practiced most frequently: (circle all that apply)

Hatha Ashtanga Vinyasa/Flow Iyengar Power Anusara
 Bikram/Hot Yoga Forrest Kundalini Gentle Restorative Yin

Other: _____

What are your goals/expectations for your yoga practice? What benefits are you looking for? (circle all that apply and explain)

Strength training Flexibility Balance Stress relief Alternative therapy
 Improve fitness Weight management Increase well-being
 Injury rehabilitation Positive reinforcement Other: _____

Explain: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures) Pranayama (breath work) Meditation Yoga Philosophy

Other: _____

LIFESTYLE & FITNESS

How do you rate your current level of physical activity? (circle one)

Sedentary/Very Inactive Somewhat Inactive Average Somewhat Active Very Active

On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of stress?

1 2 3 4 5 6 7 8 9 10

PHYSICAL HISTORY

Please review this list and indicate any applicable health conditions, current or past.

- | | | |
|--|---|---|
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> diabetes type 1 or 2 | <input type="checkbox"/> pregnancy (EDD_____) |
| <input type="checkbox"/> muscle strain/sprain | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> surgery |
| <input type="checkbox"/> arthritis, bursitis | <input type="checkbox"/> insomnia | <input type="checkbox"/> seizures |
| <input type="checkbox"/> disc problems | <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> stroke |
| <input type="checkbox"/> scoliosis | <input type="checkbox"/> asthma, short breath | <input type="checkbox"/> heart conditions, chest pain |
| <input type="checkbox"/> back problems | <input type="checkbox"/> numbness/tingling anywhere | <input type="checkbox"/> auto-immune condition* |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> cancer* (<i>*explain below</i>) | |

Other/ Explain: _____

Are you currently taking any medications? ____Yes ____No

If yes, please list medications and reason for taking.

In the space below, please describe any other health condition or circumstance that could be relevant to yoga practice or that you wish to share:

STUDENT ACKNOWLEDGEMENT

I understand that all exercise programs, including yoga, present some risk of injury. By signing below, I affirm that I am solely responsible for my health and well-being and for my decision to practice yoga or any other program of physical exercise. I agree to notify my yoga instructor regarding any activities, movements, or postures that I believe could cause me to injure myself. I affirm that I do not have any physical or mental conditions or challenges that would limit or preclude my participation as a yoga student or in any exercise program. I agree to indemnify, hold harmless, and covenant not to sue my yoga instructors and their affiliated organizations for any injury, loss, or damage to persons or property sustained as a result of my participation in this class. I agree to listen to my body and monitor myself during every class session.

Signature: _____

Date: _____