

Bliss Yoga Studio– Client History

Confidential

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Email: _____

Would you like to receive Email Communications: Yes: _____ No: _____

How did you hear about Bliss Yoga? Did anyone refer you?

Do you have any injuries (old or new), aches or pains? Please specify and describe:

Do you have any other medical/health conditions or concerns? (such as Asthma, Diabetes, high blood pressure, skin infections, low back pain, pregnancy etc.). If so, please specify.

Are you currently doing any kind of therapy? (massage, physio, chiropractic, etc.)

Are you currently taking any medication, If so, please specify.

Have you been, or currently are involved/active in any sport, exercise program or other physical activity?

Have you previously practiced Yoga? If some, please specific

Consultant Signature: _____