



CLIENT INTAKE + INTAKE AGREEMENT

Yoga Therapy • iRest • Mindfulness and Performance Work

1. Client Information

Full Name

Date of Birth

Phone

Email

Address

Emergency Contact

Referred By

2. Intent + Goals

What brings you here

Goals / Desired Outcomes

3. Health + Medical Overview

Injuries / Surgeries (12 months)

Medications / Supplements

Chronic Conditions

Healthcare Providers

4. Current Symptoms

Symptoms

Improves Symptoms

Aggravates Symptoms

Intensity (1–10)

5. Lifestyle + Nervous System

Sleep Overview

Daily Routine

Exercise / Movement

6. Life Context

Caregiver Role

Stress Load

7. Self-Assessment (1–10)

Physical Health	_____
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Fitness	_____
Nutrition	_____
Hydration	_____
Sleep	_____
Coping	_____
Emotional Regulation	_____
Self-Esteem	_____
Relationships	_____
Work	_____
Organization	_____
Social	_____
Play	_____
Meaning/Spirituality	_____

8. Agreement + Informed Consent

I understand this is a complementary practice and accept responsibility and inherent risks.

Signature

Date

9. Cancellation Policy

24-hour notice required. Late cancellations and no-shows may be charged.

Signature

Date

Thank you for your trust.