

Grace Yoga & Healing Pathways, LLC

Intake & Health Awareness Form

Section I: Personal Information

\*Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Primary Phone (cell preferred): \_\_\_\_\_ Do you have texting capabilities? \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*May we use your email address to notify you of class information or inclusion to receive our newsletter?  
Y \_\_\_\_\_ N \_\_\_\_\_

\*Emergency Contact Name/Relationship: \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_

Section II: Risk Assessment

High Blood Pressure	Yes	No	
Blood Clots	Yes	No	
Asthma	Yes	No	If yes, please bring inhaler to every class
Diabetes	Yes	No	Insulin Dependent? _____
Significant Bone/Joint/Muscle Pain	Yes	No	If yes, please elaborate: _____
Any Joint replacement	Yes	No	If yes, which joints: _____
Surgeries	Yes	No	If yes: Please identify _____

Other Issues that we May Need to be Aware of? \_\_\_\_\_

Are you Currently taking any Medications? If yes, please list and share condition it is needed for: \_\_\_\_\_

Allergies/Sensitivities - If yes, please list: \_\_\_\_\_

*As your medical conditions may change over time, please always update your teachers in class,*

*Thank you.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date