

## Radiant Well-Being Yoga Intake Questionnaire

First & Last name: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Tel: \_\_\_\_\_

How did you hear about RWB Yoga? \_\_\_\_\_

What benefits or results are you looking for from your RWB Yoga practice?

---

---

---

---

---

How would you describe your general state of health? Please circle one:

Excellent   Good   Fair   Poor

How would you describe your general stress level?

Low   Average   High

How would you describe your general sleep pattern?

Excellent   Good   Fair   Poor

How would you describe your general nutrition?

Excellent   Good   Fair   Poor

How would you describe your general activity level?

Excellent   Good   Fair   Poor

More on reverse...

If you are physically active, what kind of activity do you do? And how often?

---

---

---

Please indicate any current or past injuries, accidents, surgeries.

---

---

---

Please indicate any serious illnesses/conditions, past or present, and to what extent they affect your quality of life?

---

---

---

Please indicate any aches and pains, or areas of chronic stiffness, and to what extent they affect your quality of life.

---

---

---

Has any doctor or other medical practitioner told you **not** to do certain body movements or physical activities?

---

---

---