



Branch Wellbeing Private Client Intake Form

Date/Time _____

Session # _____

Name _____

Phone _____

Email

I understand the activity I am planning to undertake is entirely voluntary. I release Branch Wellbeing, Nicole Warner and studio, from any liability in the event of an injury. I understand it is solely my responsibility to disclose any prior/existing health conditions. It is my responsibility to discuss exercise with my physician. I have read and agree to the studio's policies.

Signature

Date _____

Are there any specific areas you are feeling discomfort or pain?

What are your daily activities (professionally, at home, or in recreation)?

What are your primary reasons for seeking a private yoga therapy session?

Have you had any major injuries, surgeries or illnesses?

Is there anything else you would like me to know?