



yoga with david

Private Student Questionnaire

Name: _____ Date: _____

Home address: _____ City _____ Zip _____

Home Phone _____ Other Phone _____ Email _____

Occupation _____ Age: _____

What type of physical activities do you participate in and with what frequency? _____

Why are you seeking private instruction, what are your goals with yoga? _____

Do you have health concerns? (I.e. High Blood pressure, Diabetes, Muscular Skeletal pain/injuries, recent surgery,) Are you taking any medications at this time? Please explain.

Do you have a diagnosis by a physician? If so, please describe.

What is your, weight, height and how would you describe your level of physical activity?

Anything else I should know?

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF IF WE HAVE NOT MET IN PERSON.