



Private Yoga Instruction Form

Have you practiced yoga before?

If so, for how long?

What are your objectives for private yoga?

- Breathing
- Strength Building
- Flexibility
- Relaxation
- Tension Relief

Where do you carry stiffness?

- Shoulders
- Neck
- Upper Back
- Middle Back
- Lower Back
- Hips, Knees
- Ankles
- None Of The Above
- Others

Do you have any medical conditions?

- High Blood Pressure
- Low Blood Pressure
- Asthma
- Heart Conditions
- Scoliosis
- Slipped Disk
- Sciatica
- Diabetes
- Deregulated Thyroid
- Spondalitis
- Cancer
- Kidney Failure
- Insomnia
- Chronic Constipation
- Menstrual Disorders
- None Of The Above
- Others

Please specify if you have had any surgeries, where and how long ago?

Do you experience chronic neck,shoulder,upper back or lower back pain?

Please specify any of the styles that you like

- Hatha
- Vinyasa
- Shivananda
- Ashtanga
- Yin

Are you interested to include Meditation in your sessions?