Private Yoga Therapeutics
Heather Hagaman, MA,RYT500
Cell: 703-501-7476

Date _____

Name _____

Address _____

Address _____

Phone # _____ Phone Type _____ **Cell, home or work**

E-mail address _____

Emergency Contact Information

Name _____

Relationship to you _____ Telephone # _____

Referral Information

Referred by/how did you find us _____

Health History Information

Age _____ Height _____

Occupation _____

How many times per day do you eat and what are the sizes of your meals?

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Health History Information continued

Rate your Digestion _____ **Poor, Fair or Good**

Current perceived stress level _____ **Low, Moderate or High**

Indicate Your Frequency of: (Rare, Sometimes, Often, Most of the Day)

Driving _____ Sitting _____

Standing _____ Working at a computer _____

Carry heavy weight _____

List any conditions that require medication

Prior or current injuries/health conditions (if any please list/explain)

List exercise/physical activities

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Team/Competitive Sports

Previous Yoga Experience

Therapeutic Goals for your practice/lessons: