

New Client Questionnaire

Welcome and thank you for entrusting me with your health. I look forward to working together. Please take a moment to provide responses to the questions below so that I can best serve you in our practice.

1. How did you find out about *Thrive Yoga Therapy and Instruction*?
2. What are your top three goals as we begin our work together?
3. Please describe your relationship with yoga/meditation to date? Are you currently practicing? If so, where/with whom?
4. Do you have any injuries, illnesses, or other health-related concerns/challenges that you wish to discuss?
5. How would you describe your ideal learning environment / learning style?
6. Reflecting on yoga classes that you have attended in the past (if ours is not your first!), what stylistic elements stand out as helpful/meaningful to you?
7. Are you aware of any elements of a yoga class (including ambiance) that feel disruptive to your practice?
8. What is your birth date?

