**Yoga Therapy and Yoga with Barb Gibson, C-IAYT, E-RYT 500, MS**

**PRIVATE YOGA SESSIONS FORM**

**The following information will be kept private and confidential**

Date: Age:

Name:

Address:

City: Zip:

Telephone: Email:

**Please describe your reasons for coming for private yoga instruction**

**Have you practiced yoga before? Please describe your yoga experience**

**Do you currently have a home yoga practice or do you regularly practice with a teacher? If yes, where do you practice and if with a teacher, with whom?**

**Do you have any limitations in (please underline all that apply):**

neck shoulders elbows hands wrists jaw

upper back lower back knees ankles feet hips

other, please describe:

**Please list any surgeries in the last five years**

**Please list any medications you are currently taking**

**Do you have limitations in your activities as a result of any health conditions? Please describe:**

**Is there anything else that you feel is important for me to know about your health?**

**I understand that this form is information to simply aid my therapist/yoga teacher.**

**Signature: Date:**