



ELLA ISAKOV
THE PATH TO WHOLE BODY LIVING

Name	
Address	
Phone Number	
Email Address	

Date of Birth _____

How did you hear about us? _____

How would you describe your current state of health and wellness?

- Below average – Need motivation to get back into it
- Average - I do what I can weekly
- Good - I'm content with my present health
- Great - I'm in a good place and want to maintain it

Please tell us about your current fitness/wellness routine if you have one:

Do you have any injuries or physical restrictions we should know about?

Please share any health conditions we may want me to consider when designing your program ie. Heart condition, high blood pressure

What previous exposure, if any, have you had to yoga?

What are your goals/expectations for your yoga practice? What benefits are you looking for? (circle all that apply, explain)

Strength training Flexibility Balance Stress relief Address health concern

Alternative therapy Improve fitness Increase well-being Injury rehabilitation

Other _____

Explain: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures) Pranayama (breath work) Meditation

Yoga Philosophy Yoga Therapy Reiki

Other _____

On a scale of 1-10, (1 is lowest) how would you rate your level of stress?

1 2 3 4 5 6 7 8 9 10

Private/Semi-private clients: If you must reschedule or cancel your appointment, please provide 24 hour notice. Failure to provide sufficient notice will incur a fee of one session cost, unless it is a health or family emergency.

I have read and will respect the cancellation policy, and agree to pay the one session cost should I not provide 24 hour notice for a missed private session.

Name: _____ Signature: _____

Date: _____

Thank you! I look forward to guiding you on your journey to wellness!