

# Tess Yoga Therapy – First-Time Visitor Intake Form

*Confidential | For use in personalised care planning*

## Contact Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Emergency Contact (name & number):

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## Health & Injury Awareness

*To help me ensure your safety and comfort during practice.*

Do you have any current or past injuries, surgeries, or chronic conditions I should be aware of?

Yes  No

If yes, please describe:

Are there any physical movements, positions, or transitions that feel unsafe or uncomfortable for you?

Yes  No

If yes, please describe:

Are you pregnant or postnatal?

Yes  No  N/A

Do you have any relevant mental health conditions you'd like me to be mindful of (e.g., anxiety, PTSD, fatigue, sensory sensitivity)?

Yes  No

Optional notes:

## Yoga Experience & Preferences

Have you practiced yoga before?

Yes  No

If yes, what styles or how long?

Do you prefer a certain pace or type of practice?

Gentle/restorative  
 More active/movement-based  
 Stillness/meditation focus  
 I'm open

Are you comfortable being offered occasional hands-on support (e.g., grounding touch)?

- Yes
- No
- Please ask each time

### **Intentions**

What brought you to yoga at this time?

Do you have anything you'd like to work on (physically, mentally, or emotionally)?

Is there anything else you'd like me to know to help you feel safe and supported in our sessions?

### **Waiver of Liability**

I understand that yoga may include physical movement, breathwork, and guided relaxation, and that participation carries some risk of discomfort or injury. I affirm that I am voluntarily participating, and that I will listen to my body, rest as needed, and inform my teacher of any relevant conditions or concerns.

I acknowledge that yoga is not a substitute for medical care and that the instructor is not a healthcare provider. I release Tessa Andersen from any and all liability related to my participation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_