

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):

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: _____