

*Anmidown Yoga Studio  
& The YogAbility Institute*

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Name\_\_\_\_\_

Today's Date\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_

E Mail

Work Phone\_\_\_\_

E mail

Date of Birth\_\_\_\_\_

Number of Children\_\_\_\_\_ Pets\_\_\_\_\_ Marital Status\_\_\_\_\_

Height\_\_\_\_\_

Weight\_\_\_\_\_

Profession\_\_\_\_\_ Previous\_\_\_\_\_ Hobbies\_\_\_\_\_

In Case of Emergency Contact: Name\_\_\_\_\_ Phone\_\_\_\_\_

Referred By\_\_\_\_\_

Please check modalities you have experienced:

\_\_\_\_Message \_\_\_\_Acupressure \_\_\_\_Acupuncture \_\_\_\_Other

Current exercise program and sport activities\_\_\_\_\_

Have you ever practiced yoga before?\_\_\_\_\_ If so, with whom and what style?  
\_\_\_\_\_

Please check any of the following practices you've tried or currently observe:

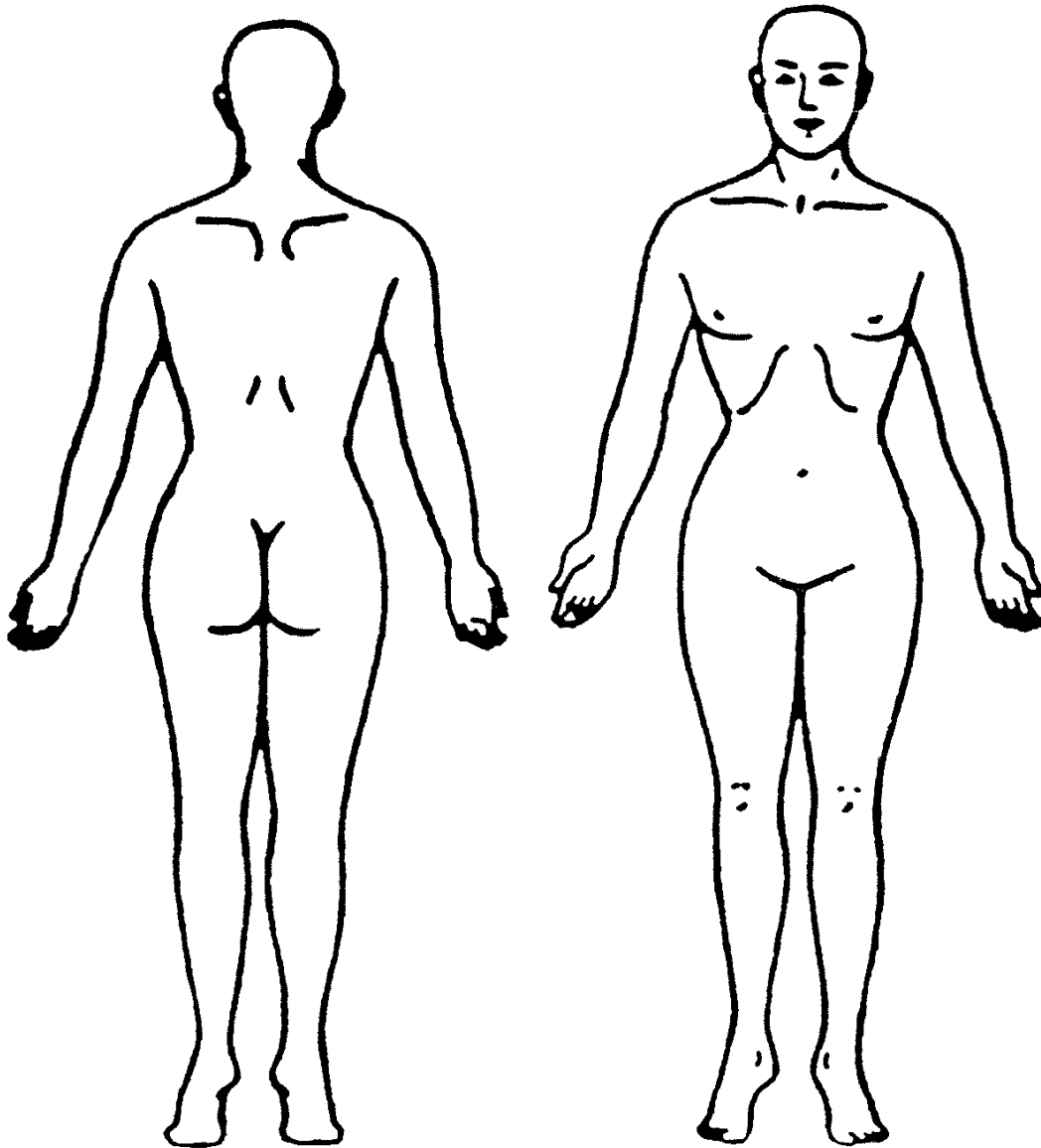
\_\_\_\_Hatha yoga \_\_\_\_Phoenix Rising Yoga Therapy \_\_\_\_Mediation

What are your goals and reasons for practicing yoga?\_\_\_\_\_

Check any of the practitioners you are seeing:

\_\_\_\_\_Psychotherapist \_\_\_\_\_Chiropractor \_\_\_\_\_Allopathic Physician \_\_\_\_\_  
Homeopath \_\_\_\_\_Other

List any injuries, surgeries, illnesses or medications that might be relevant \_\_\_\_\_



Please mark areas of pain, injury or weakness on the illustrations below with an “X”  
Please mark areas of strength, flexibility or openness on the illustrations below with an  
“O”

Is there anything else you’d like me to know before we start our practice?

\_\_\_\_\_

Thank you for your information. Bea Ammidown, Yoga Therapist