



Promoting safe, healthy & resilient communities

Empower Yoga Intake

Today's Date: _____

Client Information:

Client name: _____ DOB: _____ Age: _____

Phone () _____ Ok to identify agency? YES NO

Ok to leave message? YES NO

Ok to text? YES NO

Email Address: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____

Phone: () _____

Relationship to Client: _____

Demographic Information:

Have you experienced:

Domestic violence in the past? YES NO

Domestic violence in your current relationship? YES NO

Sexual assault as an adult? YES NO

Sexual assault as a child? YES NO

Any physical injuries or disabilities: YES NO

Please explain: _____
