

Circle One: Back Basic Yoga

Yoga program

NAME: _____

PHONE: (h) _____ (cell) _____

EMAIL: _____

Who talked to you about this _____

On a Scale of 1-10, 1 being the worse and 10 being the absolute best, where do you put your self today? (Circle the appropriate number)

What is your overall fitness ?

1 2 3 4 5 6 7 8 9 10

What is Your motivation and expectation?

How is your connection to your body?

1 2 3 4 5 6 7 8 9 10

How is your flexibility?

1 2 3 4 5 6 7 8 9 10

How is your balance?

1 2 3 4 5 6 7 8 9 10

You're in need of a Challenge yoga?

1 2 3 4 5 6 7 8 9 10

You're in need of a quiet yoga?

1 2 3 4 5 6 7 8 9 10

Congratulations! You are about to take your body/mind to a whole new level!