

Yoga Wellness Questionnaire

**Name:**

**Address:**

**Phone Number :**

**Email address:**

**Age:**

1. How did you hear about Jai Dee?

---

---

2. Any yoga experience? If so, what type(s) of yoga are you familiar with?

---

---

3. Do you participate in any other physical activities?

---

---

4. What are your wellness goals?

---

---

5. What drew you to yoga?

---

---

6. Please list any illnesses or injuries. (If injured, please list dates of injuries).

---

---

---

**Yoga Advisor Assigned:**