|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client name:** |  | | | **Date of Birth:** | |  | |
| **Address Line 1** |  | | | **Address line 2** | |  | |
| **Town** |  | | | **Post code** | |  | |
| **Gender** |  | | | **Marital Status** | |  | |
| **Mobile (or Main)** |  | | | **Emergency contact** | |  | |
| **Occupation** |  | | | **Email Address** | |  | |
| **Dates of retreat you are booking for** |  | | | **Diet and known food allergies** | |  | |
| **About you** | | | | | | | |
| Current level of yoga and meditation experience (please mention asana practice styles, teachers you studied with if relevant) | | |  | | | | |
| Reasons for attending the retreat and what you are hoping to gain from it | | |  | | | | |
| Please state any physical illness, injuries, operations that may be relevant | | |  | | | | |
| Any medication that you take to support this condition? | | |  | | | | |
| Any history of mental health issues like anxiety, depression, substance abuse? | | |  | | | | |
| Have you seen medical or alternative therapist for any of the conditions mentioned above? | | | Yes/No If yes, please give brief details. | | | | |
| How did you hear about this retreat? | | |  | | | | |
| **General Health Status – For multiple choice, please circle, bold, or delete as relevant** | | | | | | | |
| **Height** | |  | | | **Weight** | |  |
| **Energy level** | | Good / moderate / poor / erratic | | | **Appetite** | | Good / moderate / poor / erratic |
| **Sleep Onset** | | Fast / takes time / erratic | | | **Sleep Quality** | | Good / moderate / poor / erratic |
| **Typical diet** | |  | | | **Mealtimes** | | Regular / erratic / eat late in the evening |
| **Do you drink alcohol? How many units/week?** | | Yes / No | | | **Do you smoke? How much?** | | Yes / No |
| **Do you drink caffeine? How much per day?** | |  | | | **Exercise Type & frequency** | |  |
| The above information is correct and complete I agree to abide by the code of conduct whilst on retreat and I take full responsibility for myself and my actions for its duration.  **Signed and date** | | | | | | | |

**Disclaimer**: All information provided on this form will be treated as confidential. We cannot be held responsible for anything that may happen to you on retreat if you have not provided full and honest details of your current circumstances or conditions.