

Anna Hindell, LCSW
Psychotherapy & Yoga Services
(917) 748-3182
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New Client Information

Contact Information

Date	
Name	
Address	
Phone Number	DOB

Emergency Contact Information

Name	
Address	
Phone	Relationship to You

Health Information

Is your health	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Have you had any serious illness or injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Do you have any disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Have you ever been hospitalized?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Are you currently taking any medications that may effect physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list names and amounts
How many times a week do you exercise? What kind of exercise?	

Date of Last Physical	

Current Situation

Briefly describe your reason for seeking yoga lessons. What are your goals for our lessons?

Are you seeing private lessons in your home or in my Upper West Side studio?

Have you previously practiced yoga? Yes No
If yes, please describe (style, frequency, class, individual).

Referral Information

Who referred you to my practice?	
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Is there anything else that you think would be helpful for me to know?

Thank you for taking the time to fill this form. It will allow more time for us to speak during our first appointment. I look forward to meeting with you.

Anna Hindell, LCSW