

Name _____ Date _____
 Address _____ Home Phone _____
 City _____ Zip _____ Work Phone _____
 Occupation _____ Date of Birth _____
 Email Address _____

Your replies to the following questions will help us to adapt the yoga exercises to your individual needs and will allow us to help you avoid injuring yourself. All information is confidential.

1. During an average week how much and what kind of exercise do you do, if any? _____

2. Have you engaged in vigorous physical activity during an earlier period of your life? What kind and for how long?

3 Have you studied yoga before? From who and for how long?

4. Do you practice any form of meditation? _____

5. Check those area where you have any pain or problems:

Neck _____	Shoulders _____	Upper Back _____
Mid Back _____	Lower Back _____	Hips _____
Knees _____	Ankles/Feet _____	Wrists _____

6. Check any conditions you may have:

Headaches _____	Sinusitis _____	Frequent Fatigue _____
Constipation _____	Allergies _____	Low Blood Pressure _____
Depression _____	Anxiety _____	High Blood Pressure _____
Colitis _____	Ulcer _____	Sleeping Problems _____
Hernia _____	Diabetes _____	Hypoglycemia _____
Lung/Breathing Problems _____		Menstrual Problems _____
Other _____		

7. Has illness, surgery or an accident permanently limited your body? If so, please explain. _____

8. Do you take any form of drugs or regular medication? What?

9. Are you presently under treatment by a doctor? Purpose?

10. Are you aware of any part of your body that becomes particularly tense? Which part(s)?

11. Do you use, and in what frequency?
 Alcohol _____
 Caffeine _____
 Cigarettes _____

12. Is there anything else you would like me to know for the purpose of teaching you yoga?

13. For women: Have you had a child within the last three months? _____
 Are you pregnant? _____ Due Date _____

14. What do you hope to gain from taking this class?

15. How did you hear about our classes? _____
