

Personal Health Questionnaire

Name:	Telephone: ()	
Mailing Address: Street	City/Town	Postal Code
Email:	Birthdate: MM/DD/YYYY	

May we contact you by email?	Yes	No
How did you hear about us?		
What are your primary goals for this class?		
Please circle the activities you have done.	Yoga	Meditation Nia Dance Running
What other forms of exercise do you do?		

Please check any existing or past conditions:

High blood pressure	<input type="checkbox"/>
Back/neck pain	<input type="checkbox"/>
Knee pain	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>
Hip pain	<input type="checkbox"/>
Anxiety/depression	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>
Pregnancy (current)	<input type="checkbox"/>
Low blood sugar	<input type="checkbox"/>

Please list any other health concerns, injuries, allergies or medical conditions.

In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s) and _____ from any liability claims.

I, _____ (please print name), am participating in classes or workshops with _____. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions, that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date MM/DD/YYYY

Signature _____