



YOGA REGISTRATION FORM

All the information in this form will be kept strictly confidential.

Date: _____ Name: _____ Date of Birth: _____
Phone: Home _____ Office _____ Mobile _____
Address _____
Email: _____ Referred by: _____
Prior yoga experience: _____ Style(s): _____ Number of years: _____ Times per week: _____
Type of work/ daily activities: _____
Exercise frequency/type: _____
Preferred weekday(s) and time(s) for yoga practice: _____

History of problems & surgeries:

Problem	Year	Solved? How?	Today – still treated? Medications?	Impact on today's life (1 to 10)

Circle any of the problems listed below that you are currently experiencing or have experienced:

Allergies / Respiratory problems/ Lungs	Arthritis. Osteoporosis/ Osteopenia
Skin disorders	Other musculoskeletal
Diabetes / Hormonal imbalances	Sciatic pain
High/Low blood pressure. Other Cardiovascular/ Heart	Frequent colds. Other immune system problems AIDS. Cancer
Headaches. Insomnia. Stress	Fatigue/ Weakness Numbness . Dizziness
Depression/ Anxiety/ Bi-Polar/ Other Emotional	Indigestion/ Flatulence/ Collitis/ IBS/ Crohn's/ Ulcer/ Reflux
Epilepsy Addictions	Other problems:.....

If applicable: Main problem/ Most bothering symptom(s)/ Most desired improvement TODAY:

Today/ present period – on a scale from 1 to 10: Intensity of symptom: _____ Frequency: _____

Emergency Contact (Name, Phone number): _____

DISCLAIMER: I understand my body and level of flexibility are unique and I will work according to my individual level of comfort. Yoga practice is NOT supposed to be painful. If I experience any pain or discomfort during the practice, I will immediately inform the teacher so that modifications or alternatives may be given. I further understand that the health information in this form is only given as a guideline for the teacher and the yoga practice should not be considered as a substitute for medical examination, diagnosis, or treatment and that I should see a physician for any medical or physical ailment of which I am aware.

Client Signature

Date