



HEALTH STATUS INFORMATION

YOUR PRACTICE:

What is your previous Yoga experience? None Occasional Wkly/Mnthly Daily

Assisting is an effective way to help you learn Yoga, including visual, verbal or by touching you to guide you into and out of a posture. If you **DO NOT** wish to be touched, or have specific areas that you do not want to be touched (e.g., feet), please let us know on this form on in person.

DO NOT use touching in assists ever
 avoid these specific areas _____

HEALTH INFO:

It is helpful for us to know if you have any health conditions, injuries, or recent surgeries that affect your ability to move freely and without pain. Please use the other side to provide any details that you think we need to know to help you in your Yoga practice. **Please let your instructor know of any condition that affects your ability to practice, and of any injury that has happened since your last class. If you are in pain, please seek medical help and modify your practice as needed.**

The current state of you health is: Poor Good Great

Please check all of the following that apply to you and/or add your own description (use other side for more details as necessary):

- Allergies _____
- Arthritis _____
- Asthma
- Back Pain - Upper-Back Mid-Back Low-Back
- Blood Pressure - High Medication? Yes No
- Blood Pressure - Low Medication? Yes No
- Dizziness or Lightheadedness
- Epilepsy or other seizure conditions
- Gastro-Intestinal Conditions _____
- Glaucoma
- Heart Conditions _____
- Joint Pain _____

- Neck Pain
- Osteoporosis Osteopenia
- Pregnant*
- PTSD
- Recent Injuries _____
- Recent Surgery _____
- Sinus Conditions
- Spinal conditions (neck & back) _____

* If you become pregnant while enrolled in classes, please let the instructor know, or call Toni for guidance on your practice. Also, we will need written approval from your doctor to continue clas

PRINT NAME: _____

SIGN NAME: _____ DATE: _____