



HEALTH STATUS INFORMATION

YOUR PRACTICE:

What is your previous Yoga experience? None ☐ Occasional ☐ Weekly/Monthly ☐ 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 or 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 Eric for guidance on your practice. Also, we will need written approval from your doctor to continue classes.

PRINT NAME: _____

SIGN NAME: _____ DATE: _____