



## Adult Yoga Health Form

Dear Student:

Please complete this form so we may review it prior to your first Yoga class. It will allow us to properly assess your personal needs. If you have any questions, please feel free to ask. We are happy to serve you.

Is this your first Yoga class? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

General Health Information: Do you have any of the following conditions?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pregnant            | <input type="checkbox"/> Sensitivities (Please explain below) | <input type="checkbox"/> Ailments of Lungs (What type?)                 |
| <input type="checkbox"/> Contact Lenses      | <input type="checkbox"/> Stress                               | <input type="checkbox"/> Arthritis (Where?)                             |
| <input type="checkbox"/> Varicose Veins      | <input type="checkbox"/> Exhaustion                           | <input type="checkbox"/> Back pain <u>lower, middle, upper?</u>         |
| <input type="checkbox"/> Sinus Problems      | <input type="checkbox"/> Emotional Imbalance                  | <input type="checkbox"/> Pain or Discomfort in any part<br>of your body |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anxiety                              | If yes, where? _____  |
| <input type="checkbox"/> Weight Loss or Gain | <input type="checkbox"/> Female/Male Disorders                | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Fibromyalgia        | (Please explain below)  |   |

Explanation of any sensitivities, disorders, or pain: \_\_\_\_\_

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:  
\_\_\_\_\_

Are you presently taking medication? If so, what is the name of the medication? Do you experience any side effects? \_\_\_\_\_

For those who require special attention, have you contacted your Doctor prior to attending Yoga class?  
\_\_\_\_\_

Please consult your Doctor before starting Yoga if you have undergone any form of surgery or are under heavy medication.

Other necessary information in regards to your health, please explain: \_\_\_\_\_

I, \_\_\_\_\_, hereby release The School of Royal Yoga and all Instructors and Teachers (of The School of Royal Yoga) of all liability and responsibilities pertaining to Yoga classes. I agree to let The School of Royal Yoga know if there are any changes to my health status. I am 18 years of age or older and understand this disclaimer.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Address: \_\_\_\_\_

Class: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor: \_\_\_\_\_ **Email:** \_\_\_\_\_

**How did you hear about us** \_\_\_\_\_

**Would you like to be on our mailing list? Yes/No** email

**Thank you!**