PERSONAL HEALTH INFORMATION FORM

The following information will be kept private and confidential

DATE: _____ AGE: _____

NAME: _____

ADDRESS: _____

CITY: ZIP: _____ TEL. (h): _____

_____

TEL. (w): _____ EMAIL: _____

Please describe your reasons for coming for Yoga Therapy.

Have you practiced yoga before? Please describe your yoga experience.

Do you have any numbness/pain/mobility limitations in (please check all that apply):

☐ neck ☐ shoulders ☐ elbows ☐ hands ☐ wrists ☐ jaw
☐ upper back ☐ lower back ☐ knees ☐ ankles ☐ feet ☐ hips
☐ other Please describe

Do you have any of the following health conditions? Please check all that apply.

MUSCULO-SKELETAL

☐ Osteoarthritis
☐ Rheumatoid arthritis
☐ Spinal fracture or ruptured disc Describe: _____
☐ Spinal fusion or discectomy Describe: _____
☐ Scoliosis
☐ Bone fracture within last 2 years Describe: _____
☐ Tendonitis Describe: _____
☐ Osteopenia/Osteoporosis Describe: _____

CIRCULATORY/RESPIRATORY

☐ High/Low blood pressure

☐ Heart problems (heart attack, atherosclerosis, etc.) Describe: _____

_____

☐ Other circulatory disorders Describe: _____

☐ Breathing problems (asthma, COPD, etc.) Describe: _____

DIGESTIVE/REPRODUCTIVE

☐ Digestive disorders Describe: _____

☐ Pregnancy Due Date: _____

☐ Reproductive health issues Describe: _____

OTHER

☐ Cancer Describe: _____

☐ Diabetes

☐ Epilepsy

☐ Fibromyalgia or Chronic Fatigue Syndrome

☐ Headaches

☐ Mental health concerns Describe: _____

☐ Other Describe: _____

_____

Please list any **surgeries** in the last 5 years _____

_____

Please list any **medications** you are currently taking _____

_____

Do you have limitations in your activities as a result of any health conditions?
Please describe:

_____

Are you currently under medical care for any of the health conditions that you have listed on this form or any other health conditions? ☐ yes ☐ no

Please describe: _____

_____

Is there anything else that you feel is important for us to know about your health?

_____

I understand that this form does not negate the liability waiver I have signed, and that this information is simply to aid my instructor.

SIGNATURE: _____ DATE: _____