The Yoga Connection

218 E. 6th Street · Beaumont, California 92223

New Student Health Form

Welcome. We look forward to working with you. Because yoga can address the spectrum of human issues and challenges, including and beyond physical pain and injury, we ask that you please answer these questions. Please note that all of your personal information will be kept confidential.

Name:_____ Date:_____

Address:_____ City:_____ Postal Code:_____

Home Phone:_____Work:_____ cell:_____

Email:_____ Age:____ D.O.B (D/M/Y):_____ Sex: M / F

Emergency Contact (Name & Phone #): _____

How did you hear about us? _____

Yoga Practice Experience

1. Have you practiced yoga before? YES NO

2. If yes, how often do you practice?

3. Styles of yoga practiced (circle all that apply):

Ashtanga Bikram/Hot Gentle/Restorative Hatha Iyengar

Kundalini Power Restorative Vinyasa/Flow Other

Goals

What do you hope to gain through Yoga? *(circle all that apply and feel free to add)*

Physical:

strength training injury recovery flexibility

weight management mental focus

Mental/Emotional:

depression anxiety recovery and/or maintenance grief

changing or improving health/behavior habits Spiritual – please describe

Yoga practice improvement:

asanas alignment/balance pranayama/breathwork, meditation

Other:

_____

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Health Questionnaire

Are you presently under the care of a medical doctor or health practitioner? _____

Do you have any restrictions in movement? (please describe) _____

_____

Describe your usual physical activity. _____

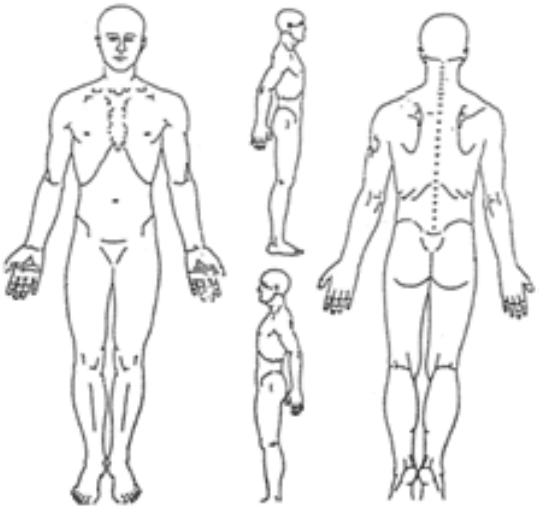
_____

Please indicate any of the following that apply to you:

__Back pain
__Depression/anxiety
__Diabetes
__Digestive problems
__Fractures
__Glaucoma
__Headaches
__Joint problems
__Menstrual problems
__Pregnancy- Due date: _____
__Tooth/ Jaw pain
__Trouble with balance

Please indicate any areas of pain by labeling them on the diagram below.

A = Ache	**B** = Burning	**N** = Numbness	**P** = Pins & Needles
	S = Stabbing	**O** = Other	



Signature _____ Date: _____