 Hatha Yoga Health Screen

Name….........................................................................................................................................

Address.........................................................................................................................................

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Email….........................................................................................................................................

Mobile number.....................................................................................................................

Emergency Contact.............................................................................................................

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DOB….........................................................................................................................................

Reasons for doing Yoga: (circle)

Exercise Stretching Strengthening Relaxation Meditation Chanting

Asana/Posture Breathwork/Pranayama Spiritual Experience Health/Wellbeing

Other.............................................................................................................................................

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Heath: (circle)

High BP Low BP Fainting Arthritis Diabetes Epilepsy Heart Problems

Asthma Depression Eye Problems Fractures/Sprains Recent Operation

Back Problems Neck Problems Knee Problems Post Natal Pregnant

Perimenopausal/Menopausal ME/MS

Please give details..............................................................................................................

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Please list medications and what for.....................................................................................

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Have you done yoga before? (circle) Yes / No

If yes please state style, how long ago and how often..............................................................

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Name...................................................................................................................................................

1. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reeducation and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the teacher. I assume full responsibility for any and all risks, injuries or damages, known or unknown, which may incur through participation.

2. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a doctor has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the teacher aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am postnatal or post-surgical, my signature verifies that I have my doctor's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I am signing this agreement voluntarily.

Signed...........................................................................................................................................

Date..............................................................................................................................................

Parent/Guardian signature if under 18yrs................................................................................

Please inform Lisa if any of this information changes.

