

Lakes Yoga Medical Questionnaire

Name: _____ Date of Birth: _____ M/F: _____

Address: _____

Telephone: _____

Occupation: _____

Email: _____

Have you practised Yoga before? If so, how long and what style? _____

What do you hope to gain from Yoga?

Please describe your present state of health: _____

Do you exercise? If so what type?

Please tick any of the following that apply to you:

Arthritis

Asthma

Other breathing difficulties

Diabetes

Cancer

Smoker

High blood pressure

Low blood pressure

Back pain; if yes please state: _____

Neck pain

Knee pain

Shoulder pain

Heart disease

Osteoporosis

Epilepsy

Broken bones or operations; if yes please specify: _____

Parkinson's/fibromyalgia

Depression

Headaches/Dizziness; if yes please state: _____

Any other pain, injury or condition? If so please state: _____

Please rate the amount of stress in your life: ___ high ___ medium ___ low

Are you pregnant? If yes please state due date: _____

Do you have any questions relative to your participation in Yoga?

Please read carefully and sign the following agreements:

I, _____ (print name), understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort I will listen to my body, adjust or change the posture, and inform and seek assistance from my teacher.

I know that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I also know that all suggestions made by Carly Harding are just suggestions and I am responsible for doing my own research and consulting a doctor before starting a yoga practice. I understand that yoga is not safe under certain medical conditions and take full responsibility for making the decision to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Carly Harding.

Client Signature: _____

Date: _____