

YOGA HEALTH QUESTIONNAIRE & CONSENT FORM FOR NEW STUDENTS

The purpose of this questionnaire is to help your yoga teacher better understand your fitness and health level in order to address your general expectations from our yoga classes.

NAME:

DATE:

EMAIL ADDRESS:

PHONE NUMBER:

ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY NUMBER

1. Have you done yoga before? (IF THE ANSWER IS NO, SKIP TO QUESTION #4)

2. If so, what style(s)?

3. How many years have you been doing yoga, and on average, how often?

4. On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?

5. What other forms of exercise do you do?

6. How long have you been doing these other forms of exercise, and how often?

7. On a scale of 1 – 10, how stressful is your job?

8. What are your expectations and/or goals from your yoga class?

9. Do you suffer from any of the following health issues? Check where applicable.

Arthritis _____ Blood Pressure _____ Eye Issues _____ Migraines _____

Asthma _____ Diabetes _____ Epilepsy _____

Back Pain _____ Ear Issues _____ Heart Condition(s) _____

10. Could you be pregnant?

11. Please add any further comments, questions, and/or concerns here: _____

Yoga involves stretching, balance, and movement that can sometimes be challenging. Whether you join in-person or online, it's important to check with a doctor if you have any health concerns and to make sure you have enough space around you to move safely. By participating, you accept that you do so at your own risk, and the instructors, studio, and any third parties are not responsible for any injury, loss, or damage.

Signature:

Date:

ALL INFORMATION IS STRICTLY CONFIDENTIAL. THANK YOU FOR FILLING THIS FORM.