

## Mindful Yoga Confidential Student Questionnaire

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
City State Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

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2. Have you taken Yoga or Meditation classes in the past?  Yes  No If Yes, how long and what style?

3. What physical activities are you involved with at the present time?

4. Do you have any past injuries? If so, Please specify:

5. Have you had surgery? How long ago? Specify:

6. Are you presently under the care of a physician, psychologist, or chiropractor? If so, Please state reason:

7. Are you presently taking any medications? If so, Please list:

8. Do you have any of the following:

High/low blood pressure

Spinal abnormalities

Arthritis

Diabetes

Allergies

Hernia

Migraine headaches

Visual or Hearing deficient

Asthma

Heart problems

Head, Neck, back pain

Physical Disabilities

Other – Please Specify

9. Are you presently experiencing stress? (job, family, health, environment, other) Please Specify:

10. What benefits do you expect to gain from this class? (improved mental, physical, emotional health, stamina, postural alignment flexibility, strength (emotional / physical), weight loss, etc) Please specify.

I understand that Mindful Yoga is here to serve me by sharing knowledge of exercise and health. I agree to take full responsibility for not exceeding my personal physical limits in my practice and for any injury I might suffer during my participation in class or any activity with Mindful Yoga. It is my responsibility to ascertain that there is no reason which would prevent my participation. I acknowledge that the yoga class given is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing strength, flexibility, circulation and energy flow. Because the yoga instructor must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the yoga instructor updated on my physical health. I waive any claim that I might have at any time for injury of any sort against Mindful Yoga, its leaseholder, instructors, or any person or entity in any way involved therewith.

I have carefully read this release. I fully understand and agree with its contents. All medical information written on this questionnaire remains confidential.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_