

**MAUPIN YOGA
HEALTH & EXERCISE HISTORY FORM**

Today's date: _____ Name: _____ Date of Birth: _____

Email address: _____ Phone : _____

1. Do you have previous experience in yoga? Yes ___ No ___

If yes, please briefly describe:

2. Please list the type of any other passive or active body work modalities you have received (i.e. massage, shiatsu, acupuncture, chiropractic, Pilates):

3. What is your current exercise program or routine:

4. What do you hope to receive from Yoga classes?

5. Please list any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything that do or might affect your yoga practice (*see list of conditions which it would be important for me to know about, below*)

Arthritis _____ Asthma _____ Bulging or herniated disc _____ Chronic Fatigue Syndrome _____

Degenerative disc disease _____ Emphysema or other breathing problem _____

Fibromyalgia _____ Fused vertebrae _____ Heart condition _____ Hernia _____

High blood pressure _____ (if yes, do you take medication? _____)

Low blood pressure _____ Multiple sclerosis _____ Osteoporosis or osteopenia _____

Pregnancy: _____ How many months? _____

Other conditions? Please describe:

