

The House of Hamsa

“Living More Mindfully Through Wellness”



Name _____ DOB _____ Date _____

Mailing Address _____

City/State/Zip _____ Phone _____

Email _____ Occupation _____

Emergency Contact _____ Relationship _____

Phone _____ Primary Care Physician _____

How did you hear about The House of Hamsa? _____

Are you currently physically active? yes no

How many days a week do you work out? _____

Have you practiced yoga before? yes no

Date of your last class: _____

What other type of activities does this typically include: _____

What benefits or goals are you looking to achieve in pursuing the practice of yoga? Circle all that apply:

Strength Flexibility Balance Stress Relief Mind/Body Connection Improved Fitness

Weight Management Increased Well-Being Injury Rehabilitation Other/

Explain: _____

Are you currently or have you previously been under a doctors care for any of the following conditions:

<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Auto-Immune Disorder
<input type="checkbox"/> Arthritis/Bursitis	<input type="checkbox"/> Heart Attack/Stroke
<input type="checkbox"/> Diabetes (Type 1, Type 2)	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Numbness/Tingling
<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Sciatica
<input type="checkbox"/> Joint Replacement(s)	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Scoliosis/Kyphosis
<input type="checkbox"/> Neuropathy	<input type="checkbox"/> DVT/Blood Clots
<input type="checkbox"/> Herniated Discs	<input type="checkbox"/> Sprains, Strains, Concussions

Are you currently taking any medications, prescription or over-the-counter? yes no

Please list name/use: _____

Are you currently pregnant? yes no If so, how many weeks? _____

Any high risk factors? yes no Please explain _____

Do you suffer from areas of chronic pain? yes no Explain: _____

Has your range of motion been impacted? yes no Explain: _____

Any recent orthopedic injuries, physical therapy or surgeries? yes no Explain: _____

Please explain anything else about your current health or history your yoga instructor should know before class:

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

Yoga classes are provided for the basic purpose of wellness and relaxation. Classes include physical exercise as well as breathing practices that integrate the mind/body connection and allow for deeper levels of awareness. All exercise programs involve a risk of injury. By choosing to participate in The House of Hamsa's classes I assume risk of such injury and full responsibility for my health and well-being. I agree to listen to my body and monitor myself during every class session. Should I experience any pain or discomfort during class, I will immediately inform the instructor so that modifications can be given to adjust my level of comfort. I also understand that yoga is not recommended under certain medical conditions and I do not have any physical conditions or disabilities that would limit my participation. The House of Hamsa nor Lisa Hamilt RYT-200 shall be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class.

See you on the mat!

~Namaste~

Signature: _____ Date: _____

Instructor Signature: _____ Date: _____