

Jo Pro Health Questionnaire for New Students

Name: _____ DOB: _____

Contact phone #: _____

Email: _____

Emergency Contact: _____ Phone: _____

Have you done Yoga before? Y / N If yes, what type(s) and for how long. If no, any thoughts why or why not.

Do any of these health conditions apply to you?

Y / N	High blood pressure	Y / N	Arthritis/Joint Issues
Y / N	Low blood pressure/fainting	Y / N	Back Issues
Y / N	Diabetes	Y / N	Neck Issues
Y / N	Heart Problems	Y / N	Knee Issues
Y / N	Asthma	Y / N	Hip Issues
Y / N	Depression	Y / N	Wrist/forearm issues
Y / N	Recent fractures/sprains	Y / N	Pregnant
Y / N	Recent surgeries/operations	Y / N	Recently Pregnant
Y / N	Detached Retina/Eye Issues		

If yes, please share a few details: _____

Please share if you have any other conditions which affect your mobility or are likely to cause you any concern when doing Yoga or any other activity: _____

Please read the following and sign below:

I confirm that the above information is correct. I understand that it is my responsibility to:

- Check with my doctor if I have any difficulties or concerns about my ability to participate.
- Advise the teacher of any change in my medical condition and information or other, which may be relevant, before the start of each class.
- Follow the advice given by my doctor and/or my yoga teacher.
- Only do what feels comfortable in class and do not work into pain.
- To share with the teacher after class if I experience any major difficulty in class.
- To practice mindfully and safely.

Signed: _____ Date: _____