



This confidential information will help your instructor become aware of your specific needs when you work together.

**Name:**

**Date:**

**Address:**

**Telephone:**

**Fax:**

**E-mail:**

**Age:**

**Occupation:**

**Do you have or have you had:**

- High blood pressure
- Glaucoma
- Osteoporosis
- Seizures
- Diabetes
- Rheumatoid arthritis
- Anemia
- Heart problems
- Asthma
- Other breathing problems
- Dizziness, vertigo or loss of balance
- Unexplained falls or fractures
- Hearing difficulty
- Hernia/rupture
- Unstable/ "trick" joint(s)
- Joint dislocation
- Metal implants/artificial joints
- Bladder or bowel control problems
- Pinched nerves or disc problems
- Cancer
- Broken bones
- Allergies
- Blood thinners
- Neurological diseases
- Headaches
- Vision difficulties
- Chest pain
- Shortness of breath
- Night sweats
- Joint swelling
- Traumatic auto accidents
- Major surgeries
- Other chronic condit

**Women only:**

- Hysterectomy
  - Menopausal challenges
  - Caesarian delivery
  - Early termination of menses
- Are you pregnant? Yes No

Additionally, please check if any of the following apply:

- Back problems \_\_\_\_
- Hernia \_\_\_\_
- Joint Problems \_\_\_\_
- Epilepsy \_\_\_\_
- Fibromyalgia \_\_\_\_
- Arthritis \_\_\_\_
- Low Blood Pressure \_\_\_\_
- Hypoglycemia \_\_\_\_
- Chronic Fatigue \_\_\_\_
- Other:

Recent Surgery:

Medications & supplements you are currently taking:

**THIS IS VERY IMPORTANT**

Please mention any other health or medical condition that you believe may be helpful to your instructor and any precautions that should be taken to ensure your well-being.

**Client's Notes:**

1. Have you experienced other health problems or challenges in your life?
  
2. Do you experience pain in any part of your body – on occasion, acute or chronic?
  
3. Tell me a little about your lifestyle? Diet? Exercise program? Do you smoke or drink?
  
4. How is your breathing?
  
5. How would you describe your energy levels?
  
6. Would you describe your overall energy as stable or quite variable?
  
7. How is your stress level?
  
8. What types of situations trigger stress or bring it on for you?
  
9. What are some of the ways you find most effective for releasing stress?
  
10. Do you awaken from sleep feeling rested? Do you fall asleep easily?
  
11. How do you have fun in your life?

12. How well do you feel you nourish yourself – with food, love and laughter?

13. How would you describe your state of mind most of the time?

14. How would you describe your spiritual or religious life?

### **Yoga History**

1. What is your experience with Yoga, meditation or other spiritual practices?

2. How often do you practice and is your practice regular?

3. What have you found most beneficial from these practices?

4. What have you found most difficult or challenging?

5. Have you had any previous Yoga injuries? How did they happen?

