Wave*lengths* Yoga health form and waiver

Name:_____ Date:_____

Address:_____ City:_____ Postal Code:_____

Home Phone:_____Work:_____ cell:_____

Email:_____ Age:____ D.O.B (D/M/Y):_____ Sex: M / F

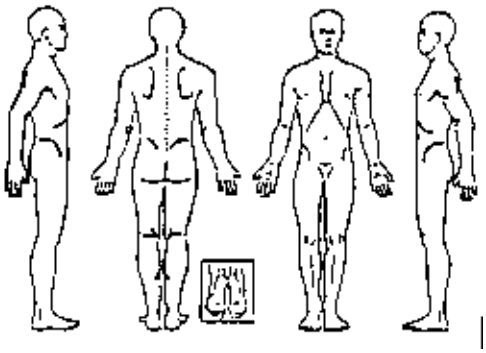
Emergency Contact (Name & Phone #): _____
How did you hear about us? _____
Are you presently under the care of a medical doctor or health practitioner? _____
Are you on any form of medication? _____ List: _____
Do you have any restrictions in movement? (please describe) _____
_____
Describe your usual physical activity. _____
_____

Please indicate any of the following that apply to you:

__Autoimmune disease
__Allergies/ sinus
__Aneurysm
__Arteriosclerosis
__Arthritis
__Back pain
__Cancer
__Clicking/ Popping Ears/ Jaw
__Constipation
__Depression/anxiety
__Diabetes
__Digestive problems
__Dislocation
__Fractures
__Headaches
__Heart disease
__Hemophilia
__Hernia
__Hepatitis A/B/C
__High/low blood pressure
__Joint problems
__Kidney/ Bladder
__Liver/ Gallbladder
__Menstrual problems
__Open wounds/ cuts
__Osteoporosis
__Phlebitis (DVT)
__Pregnancy- Due date:_____
__Recent surgery
__Skin disease
__Stroke/TIA
__Tooth/ Jaw pain
__Varicose veins
__Other: List below

_____
_____
_____

Musculoskeletal – Please indicate any areas of pain by circling them on the diagram below.



Consent for Yoga

It is understood that the Yoga is for relaxation and that it is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. I have informed my instructor about my state of health and I have transmitted any recommendations and restrictions on the part of my medical doctor or therapist insofar as yoga is concerned.

Signature _____ Date: _____