

Yoga Enrolment Form

confidential information

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| Section A: Personal information | | | |
| Surname | First Name | DOB ___/___/___ | |
| Address | | | |
| Phone | Email | | |
| Emergency Contact | | | Phone |

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| Section B: Health / Medical History | | | |
| Do you now, or have you had in the past? (Please tick for YES) | | | |
| Heart condition | | Stroke | |
| High Blood Pressure | | Palpitations | |
| Significant difficulty with physical activity | | Significant breathing/Lung problems | |
| Neck or Back Pain / Injury | | Chest pain, left arm pain or jaw pain with exertion | |
| Thyroid condition | | Hernia | |
| High Cholesterol | | Cancer within the last 3 years | |
| Epilepsy | | Muscle or joint pain | |
| Diabetes Type 1 | | Are you currently pregnant? 0-3 months 3-6 months 6-9 months | Other |
| Diabetes Type 2 | | | |
| Mental / Emotional Problems | | | |

Do you take any prescribed medications and/or herbal medicines? If yes please list them below

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| Section C: Current Fitness Level |
| Do you currently do any physical exercise? If so, what and how often? |
| Have you practiced Yoga before? If so what system of Yoga & for how long? |

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| Section D: Goals |
| What are some goals you would like to achieve by practicing Yoga? |

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| Section E: Advice |
| <p>if you have ticked any of the conditions in Section B above, you should check with your teacher whether a medical clearance will be required prior to starting a Yoga class.</p> <p>You must be comfortable and pain-free throughout all activities. Remain within your personal limitations. If you experience any pain or discomfort in any of the practices - STOP - and ask the teacher for advice.</p> <p>Should your Health/Medical condition change in the future, please inform your teacher, so your records can be updated accordingly, and your teacher can advise you appropriately.</p> |

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| Do you require an itemised receipt for a health fund rebate? (circle your preference) | YES | NO |
| Do you wish to be included on my Yoga email mailing list? (circle your preference) | YES | NO |
| How did you hear about my classes? | | |

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| Statement | |
| I have answered the questions to the best of my ability and understand the advise given in Section E . I also understand that the teacher cannot give me medical advice with regards to my medical fitness and that the information given will be used as a guideline to the limitation of my ability for Yoga activities. | |
| Signed (Student) | Date ___ / ___ / _____ |
| Signed (Teacher) | Date ___ / ___ / _____ |

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| Office Use Only |
| Medical Clearance (To be completed by teacher) |
| Was a medical clearance form indicated? (circle). Yes No |
| If YES , how was it obtained (circle)? Written letter Email By Phone (with student's permission) |
| Date received ___ / ___ / _____ |
| Comments |