

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Phone: (h): _____ (c): _____ Email: _____

In case of Emergency: _____ Phone: _____

MEDICAL INFORMATION

Do you have, or have you had a history of any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Allergies | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Digestive Problems |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Other – Please explain: _____ | |

Are you pregnant? _____

Describe your general health:

Medications/Purpose:

Have you had any recent illnesses?

Have you had any recent surgeries and/or injuries?

Do you have any other medical conditions not mentioned here?

Is there anything specific you are looking to work on?

Is there anything else you would like me to know or any questions you have about participating in a yoga class?

All exercise programs, no matter how gentle or carefully designed, involve a risk of injury. By signing this form I release Melanie Harrington, The Yoga Exchange and it's teachers and staff from any and all liability for injuries that result from my participation in their yoga class/classes.

If I experience pain or discomfort during this session, I will immediately inform the practitioner so that things may be adapted or adjusted to my comfort level. It is my responsibility to know my limits and know that what the instructor is providing is a guide for my own practice. I will respect my body's abilities and limits and never perform postures that are painful.

Because certain postures are contraindicated under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner undated as to any changes in my medical profile.

I understand that The Yoga Exchange is in no way responsible for the safekeeping of my personal belongings while I attend class.

Signed: _____ Date: _____