

Health Form – AC YOGA
Anne Cox RYT E-RYT 500

Name _____ Date _____

Phone _____ e-mail _____

Date of Birth _____

Occupation _____

Any current or past medical conditions: ie: whiplash, neck problems, high/low blood pressure, back pain, bone or joint problems (arthritis, osteoporosis)?

In order to help me understand your wellness program, please list any alternative therapies you currently use (ie: Physiotherapy, Chiropractic, Massage, Reflexology, Acupuncture, etc.) _____

Physical activities you participate in _____

What is your biggest challenge right now ? _____

What are your goals & focus right now. _____

Have you practiced yoga before? ____ If yes, what type & how long ? _____

What do you hope to gain through practicing yoga _____

Anything else I should know to help you achieve your goals _____

ACKNOWLEDGEMENT AND WAIVER

I, _____, declare the above information to be accurate and true. I acknowledge that I understand that Yoga is not a medical procedure, and the Yoga Teacher will not be providing a diagnosis of any medical problems or concerns, which I may have. I understand that Yoga is a process of integration intended to facilitate wholeness, body-awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the Yoga Teacher of any activity or movement which I cannot safely perform, and that I will not perform any activity or movement, which I feel is likely to cause me to injure myself. I agree to hold the Yoga Teacher harmless from any and all responsibility for any injury which a may sustain during or as a result of my Yoga sessions.

Dated: _____ Signed: _____