

5 Koshas LLC Health Information Form

Name: _____ Mobile Phone #: _____

E-mail: _____ Class Location/Time: _____

Emergency Contact and Phone #: _____

Discounts: Healthcare School/Government 65+ Military

Tell us about your yoga experience. Are you new to yoga? A seasoned practitioner?

Please list any pain or injuries that you have related to your back/spine, neck, jaws, shoulders, elbows, wrists, hips, knees and feet:

Please list any medical conditions or injuries or accidents that currently or occasionally contribute to pain in your body:

Do you have any health or wellness concerns that are impacting your life, energy level, balance, sleep?

Are you on any medications that lower your blood pressure or make you dizzy or light headed or impact your balance? If yes, please explain:

What do you do for your work? Do you get any tension or pain in your body from work activities?

What are your hobbies and what do you do to stay active? Do any of these activities create any tension or pain in your body?

What benefit would you like to gain from this yoga class?

Please Check Your Interests:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Workshops & Retreat | <input type="checkbox"/> Therapeutic Yoga |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Yoga Teacher Training | <input type="checkbox"/> Senior Yoga |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Fitness-Oriented Yoga | <input type="checkbox"/> Chair Yoga |
| <input type="checkbox"/> Belly Dancing | <input type="checkbox"/> Yoga for Wellness | <input type="checkbox"/> Outdoor Yoga |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Stress Relief Yoga | <input type="checkbox"/> Prenatal Yoga |
| <input type="checkbox"/> Tai Chi | | <input type="checkbox"/> Toddler Yoga |
| <input type="checkbox"/> Nutrition | | <input type="checkbox"/> Family Yoga |
| <input type="checkbox"/> Massage | | <input type="checkbox"/> Men's Yoga |