

Office Use Only
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5 Koshas LLC Health Information Form

Name: _____ Mobile Phone #: _____

E-mail: _____ Date: _____

Emergency Contact and Phone #: _____

Discounts: Healthcare School/Government 65+ Military

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 classes?

For Yoga Classes: Tell us about your yoga experience. Are you new to yoga? A seasoned practitioner?

Almost done, more on the Other Side→

Preferred Time of Day for Classes:

- 7 am or earlier
- 8:30 or 9 am
- Mid-day
- Early evening – 4 or 4:30 pm
- After work – 5:15 pm or later
- Weekends

Please Check Your Interests:

- Acupuncture/Oriental Medicine
- Belly Dancing
- Drum Circle
- Kali Martial Arts
- Martial Arts – Adults
- Martial Arts - Kids
- Massage
- Music Events
- Nutrition
- Pilates
- Strength Training
- Tai Chi

Yoga Class & Event Options:

- Alignment Yoga
- Ayurveda (Holistic health of India)
- Chair Yoga
- Chant / Kirtan
- Gentle Yoga
- Meditation
- Men's Yoga
- Outdoor Yoga
- Pre / Postnatal Yoga
- Senior Yoga
- Stress Relief Yoga
- Therapeutic Yoga
- Vinyasa Flow Yoga
- Workshops & Retreats
- Yoga Teacher Training
- Yoga for Beginners & Beyond
- Yoga + Medicine series/events
- Yoga for Wellness
- Yoga Sutra Study
- Yoga + Weights