

5 Koshas LLC Health Information Form

Discount Applicable?	
<input type="checkbox"/>	Healthcare
<input type="checkbox"/>	School/Government
<input type="checkbox"/>	65+
<input type="checkbox"/>	Military

Name: _____ Date: _____

E-mail: _____ Mobile Phone #: _____

Emergency Contact Name: _____ Contact's Phone #: _____

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/injuries/accidents that currently or occasionally contribute to pain in your body:

Do you have any health/wellness concerns or medical conditions that may impact your ability to exercise?

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/pain in your body from work activities?

What are your hobbies? 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: Are you new to yoga? What would you say is your experience level with yoga?

Please check the boxes below of your yoga class and wellness interests:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Beginner yoga | <input type="checkbox"/> Private yoga sessions |
| <input type="checkbox"/> Belly Dancing / Drum Circle | <input type="checkbox"/> Chair yoga | <input type="checkbox"/> Strength Training yoga |
| <input type="checkbox"/> Feldenkrais Awareness
Through Movement | <input type="checkbox"/> Chant / Kirtan | <input type="checkbox"/> Stress Relief yoga |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Events / Retreats | <input type="checkbox"/> Therapeutic yoga |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Intermediate yoga | <input type="checkbox"/> Webinar yoga |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Meditation / Sound Therapy | <input type="checkbox"/> Yoga for Wellness |
| <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Men's yoga | <input type="checkbox"/> Yoga Teacher Training |
| <input type="checkbox"/> Wellness Coaching | <input type="checkbox"/> Outdoor yoga | |
| | <input type="checkbox"/> Prenatal yoga / Kids yoga | |