



HEALTH HISTORY & CONSENT FORM yoga

feel...breathe...move...heal

PERSONAL INFORMATION

Name _____ Date of Initial Visit _____

Date of Birth _____

Address _____

City, State, Zip _____

Home Phone: _____ Cell Phone _____

Work Phone _____ Email Address _____

Occupation _____ Referred By _____

Emergency Contact (name, phone) _____

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ___ No ___ Yes (date of last class/practice _____)

How often do you practice yoga? (circle one) DAILY WEEKLY MONTHLY

Style(s) of yoga practiced most frequently: (circle all that apply)

Hatha	Ashtanga	Vinyasa/Flow	Iyengar	Power	Anusara	Bikram
Hot	Kundalini	Gentle	Restorative	Yin	Other: _____	

What are your goals/expectations for your yoga practice? (circle all that apply, explain)

Strength Training	Flexibility	Balance	Stress Relief	Other Health Concern
Alternative Therapy	Improve Fitness	Weight Management	Well-Being	Injury Rehabilitation

Other/Explain: _____

LIFESTYLE & FITNESS

How do you rate your current level of activity? (circle one)

Sedentary/Very Inactive	Somewhat Inactive	Average	Somewhat Active	Extremely Active
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What kind of exercise/sport is your preferred activity? _____

On a scale of 1-10, (1 is lowest, 10 is highest), how would you rate your level of stress?

1	2	3	4	5	6	7	8	9	10
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Explain



PHYSICAL HISTORY

Please review this list and check those conditions that have affected your health either recently or in the past.

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|--|--|---|
| <input type="checkbox"/> fractured/dislocated bones | <input type="checkbox"/> diabetes type 1 or 2 | <input type="checkbox"/> pregnancy (EDD_____) |
| <input type="checkbox"/> muscle strain/ligament sprain | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> surgery (explain below) |
| <input type="checkbox"/> arthritis/gout/bursitis | <input type="checkbox"/> insomnia | <input type="checkbox"/> seizures |
| <input type="checkbox"/> disc problems | <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> stroke (explain below) |
| <input type="checkbox"/> scoliosis | <input type="checkbox"/> asthma/breathing difficulty | <input type="checkbox"/> heart conditions, chest pain (explain below) |
| <input type="checkbox"/> back issues | <input type="checkbox"/> numbness/tingling | <input type="checkbox"/> auto-immune condition (fibromyalgia, chronic fatigue, lupus, etc.) |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> chronic pain | <input type="checkbox"/> cancer (explain below) |
| <input type="checkbox"/> bone or joint disease | <input type="checkbox"/> irritable bowel syndrome | |
| <input type="checkbox"/> migraine/headache | <input type="checkbox"/> Crohn's disease | |

Other/ Explain _____

Use this space to provide details for information provided above, or for any additional health/lifestyle information:

PLEASE READ CAREFULLY BEFORE SIGNING:

SomaFlows, LLC is delighted to have you as a yoga student. The following information will help you get the most out of your yoga sessions and clarify our instructor/student relationship.

SomaFlows, LLC believes that Yoga is more than physical exercise. It is a transformative practice that integrates body, mind, and emotional experiences to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. By choosing to participate I understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury, even serious or disabling, is always present and cannot be eliminated. If I experience any pain or discomfort I will listen to my body, adjust or change the posture, and inform and seek assistance from my teacher.

I know that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I also know that all suggestions made by the Yoga Instructor are just suggestions and I am responsible for doing my own research and consulting a doctor before starting any new regimens, including yoga and strength routines. I understand that yoga is not safe under certain medical conditions and take full responsibility for making the informed decision to practice yoga. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against SomaFlows, LLC and Allegra D. Estreet, RN, MSN, LMT. I also agree that all cancellations made less than 24 hours in advance will be paid in full.

Signature: _____ Date: _____