

BKS Iyengar Yoga Student Information Form

Print Name _____ Date _____ Class Registered For _____

Occupation _____ Age _____

Phone Number _____ E-mail Address _____

Please check each areas of concern regarding your health. Write pertinent details below or on the back of this sheet.

Allergy _____	Depression _____	Hypoglycemia _____	Plantar fasciitis _____
Asthma _____	Dizziness _____	Insomnia _____	Pregnancy _____
Ankles/Feet _____	Eyes _____	Kidney _____	Post-partum _____
Anxiety _____	Gastrointestinal disorder _____	Knees _____	Prolonged illness _____
Arthritis _____	Headache _____	Liver _____	Prostate _____
Auto-immune dysfunction _____	Heart condition _____	Lower back _____	Recent surgery _____
Bladder _____	Heel spur _____	Low Blood Pressure _____	Sedentary _____
Carpal Tunnel _____	High Blood Pressure _____	Menopausal _____	Sciatica _____
Chronic Fatigue _____	Hips/Legs _____	Menstrual problems _____	Scoliosis _____
Diabetes _____	HIV-related _____	Multiple Sclerosis _____	Shoulders _____
		Neck _____	Upper back _____
			Wrist/Hand _____

Please describe conditions not listed above _____

Medications, Remedies, and Supplements Used _____

Have you used? (select answers): Acupuncture _____ Chinese Medicine _____ Chiropractic _____

 Deep Tissue Therapy _____ Homeopathic Medicine _____ Physical Therapy _____ Psychotherapy _____

Have you ever been in a car accident? Yes _____ No _____ If yes, what year? _____

How did you hear about the yoga classes? _____

What benefits would you like to experience by participating in this course? _____

This form does not claim to treat any of the conditions listed above or any liability, loss, personal or otherwise. resulting from the yoga program. Yoga instructions are in no way intended as a substitute for medical counseling. Inner Life Yoga Studio is not responsible for any injury or loss of property while on the premises or participating in any activities occurring and or about the studio.

Signature

Date