



The School of
ROYAL YOGA, Inc.

Adult Yoga Health Form

Dear Student:

Please complete this form so we may review it prior to your first Yoga class. It will allow us to properly assess your personal needs. If you have any questions, please feel free to ask. We are happy to serve you.

Is this your first Yoga class? _____ If not, please explain: _____

General Health Information: Do you have any of the following conditions?

- | | | |
|--|---|---|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Sensitivities (Please explain below) | <input type="checkbox"/> Ailments of Lungs (What type?) |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Stress | <input type="checkbox"/> Arthritis (Where?) |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Back pain <u>lower, middle, upper?</u> |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Emotional Imbalance | <input type="checkbox"/> Pain or Discomfort in any part
of your body |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anxiety | If yes, where? _____ |
| <input type="checkbox"/> Weight Loss or Gain | <input type="checkbox"/> Female/Male Disorders | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fibromyalgia | (Please explain below) | |

Explanation of any sensitivities, disorders, or pain: _____

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body: _____

Are you presently taking medication? If so, what is the name of the medication? Do you experience any side effects? _____

For those who require special attention, have you contacted your Doctor prior to attending Yoga class? _____

Please consult your Doctor before starting Yoga if you have undergone any form of surgery or are under heavy medication.

Other necessary information in regards to your health, please explain: _____

I, _____, hereby release The School of Royal Yoga and all Instructors and Teachers (of The School of Royal Yoga) of all liability and responsibilities pertaining to Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: _____ Name: _____

Dated: _____ Address: _____

Class: _____ Phone: _____

Instructor: _____ *Email:* _____

Would you like to be on our mailing list? Yes/No email or mail

Thank you!