



Student Information & Health History Form

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Occupation: _____

Emergency Contact Name/Number: _____

Have you practiced yoga before? ____Yes ____No

How often do you practice yoga? (Check one)

____Never ____Once every few weeks ____Once a week ____A few times a week ____Daily

On a scale of 1-10 (10 being the highest), how would you rate your level of daily activity? _____

On a scale of 1-10 (10 being the highest), how would you rate your level of daily stress? _____

What are your health goals for your yoga practice?

____Weight loss/maintenance

____Alternative therapy (explain below)

____Strength building

____Address specific health concern (explain below)

____Stress relief

____Balance/Inner Peace

____Flexibility

____Improve overall health

Other/Explain More:

Please review the following list and check any health conditions that apply to you or have applied to you recently.

____ Arthritis

____ Sciatic

____ Depression

____ Osteoporosis

____ Diabetes

____ High Blood Pressure

____ Muscle pain

____ Asthma, shortness of
breath

____ Low Blood Pressure

____ Muscle Weakness

____ Seizures

____ Surgery (explain below)

____ Scoliosis

____ Stroke

____ Knee Pain/Injury

____ Bulging Disc

____ Heart conditions,
chest pain

____ Cancer (explain below)

____ Degenerative Disc

____ Anxiety

____ Other (explain below)

____ Back pain/injury

____ Pregnancy (explain
below and due date)

____ Anemia

Other/Explain:

Are you currently taking any medications? ____Yes ____No

If so, please list the names and reasons for medications.

Which aspects of yoga are you most interested in?

____Physical postures

____Yoga philosophy

____Breathwork/Pranayama

____Meditation

What styles of yoga have you practiced before?

____Ashtanga

____Hatha Yoga

____Hot Yoga

____Iyengar

____Bikram Yoga

____Vinyasa Yoga

____Kundalini

____Power Yoga

____Yin/Restorative Yoga

____Not sure

By printing and signing below, you authorize the collection and use of the above personal information as is required for therapeutic treatment and related administrative purpose. You understand that all you personal information is confidential and will not be released without my signed consent. You understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, you affirm that a licensed physician has verified your good health and physical condition to participate in yoga classes offered by Tami Bonos as Honest Mom Yoga Studio, LLC. In addition, you will make your yoga instructor aware of any medical conditions or physical limitations before class. If you are pregnant, become pregnant or you are post-natal or post-surgical, your signature verifies that Tami Bonos as Honest Mom Yoga Studio have your physician's approval to participate. You also affirm that you alone am responsible to decide whether to practice yoga and participation is at your own risk. You hereby agree to irrevocably release and waive any claims that you have now or may have hereafter against Tami Bonos as Honest Mom Yoga Studio, LLC.

Name: _____

Signature: _____ Date: _____