

Health Inventory

for Yoga



This Form and Your Confidentiality

This registration form is your opportunity to provide information that will assist in effective and safe yoga instruction. Questions are specific to identifying contraindications for certain yoga postures or techniques. The information you provide will be maintained in a manner that ensures your confidentiality.

Health Status

<u>Condition</u>	<u>Now</u> use X	<u>Prior</u> when?	<u>Description</u> <i>location</i> refers to <u>anatomical</u>
Cardiovascular and Respiratory			
Heart irregularity			type:
High blood pressure			
Low blood pressure or dizziness (circle)			
Heart attack			
Stroke			
Blood clot			location:
Severe asthma or bronchitis (circle)			
Spinal and Joint			
Spinal disc problems, "slipped disc"			location:
Fused vertebrae			location:
Scoliosis			severity:
Chronic back or neck pain (circle)			location:
Joint repaired or replaced surgically			location:
Joint injury			location:
Arthritis			location:
Other			
Pregnancy			due date:
Postpartum (within 6 months)			
Glaucoma or detached retina			
Diabetes or low blood sugar (circle)			
Chemotherapy or radiation (circle)			location:
Surgery within last year			list:

Any other info not listed above?

What is the main reason you are here today?

The information submitted on this form is true and complete to the best of my knowledge.

Signature

Date