Vincent Dove

954.601.6081

Yoga/meditation Health History Form

Name_____ Birth date _____

Street_____ Home Phone _____

City _____ State_____ Zip_____ Work Phone _____

Email address _____ Cell Phone _____

Emergency Contact _____ Phone # _____

MINORS ONLY: List guardian names, addresses and contact information: _____

_____

Have you ever done yoga or a similar exercise? YES NO Date of Last Class/Session_____

If yes, please describe your previous yoga experience_____

_____

Please describe any injuries, health concerns, or goals you would like to address. You may also include any questions that you have specifically about yoga or request a specific type of yoga:

_____

_____

_____

Are you on any medication and if so what is the name and what is it for: _____

_____

_____

Do you have, or have you had any of the following conditions within the last year?

_____ Heart problems	_____ PMS	_____ High blood pressure
_____ Arthritis	_____ Chronic illness	_____ Lung problems
_____ Surgery	_____ Smoking habit	_____ Neck
_____ Back	_____ Joint problems	_____ Diabetes
_____ Any overuse syndrome	_____ Headache	_____ Seizures, loss of consciousness
_____ Cancer	_____ Pregnancy	_____ Difficulty with balance

Please explain any checked items or list any other concerns: _____

_____

_____

_____

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mind body fitness

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What are your major goals for participating in a yoga/meditation program:

_____ Stress reduction	_____ Coordination	_____ Endurance
_____ Flexibility	_____ Weight control	_____ Energy and vitality
_____ Muscle-toning	_____ Help with depression/anxiety	_____ Healing
_____ Focus-concentration	_____ Self-Control	_____ Relax-sleep

Please explain your yoga/meditation goals in greater detail:

_____

_____

_____

_____

To help me know you better, use the space below to tell me something about the work you do, your hobbies, your previous yoga or exercise experience, or anything else you think is relevant to your yoga practice here: _____

_____

_____

_____

_____

I have read this entire document and have answered all of the questions to the best of my knowledge.

Signature of Client: _____ Date _____

Please print name _____

Parent or Guardian Signature (if client is under 18): _____