



New Student Information

Date: _____

Full Name: _____

Mailing address: _____

Email: _____

Phone: _____

Date of birth: _____ **Sex:** Male Female **Pronoun preference:** _____

Occupation: _____ (if student, what are you studying)

Emergency contact (Name & number) _____

How did you hear about us? _____

Yoga history: New student? Yes No If no, how many years have you been practicing? ____
Styles practiced: _____

For back, neck, shoulder conditions:

Describe your pain: _____

Do you have a diagnosis regarding your condition? Explain: _____

Have you ever been in a car accident or had a traumatic injury? If yes, please list the year of this injury and describe the resulting injuries. _____

Please check areas of concern regarding your health. Write pertinent details below (such as when it started, what your symptoms are, etc.)

Allergies	Depression	Knees	Prolonged illness
Asthma	Eyes	Liver	Prostate
Ankles/Feet	Gastrointestinal	Lower back	Recent surgery
Anxiety	Headaches	Low blood pressure	Sedentary
Arthritis	Heart condition	Menopausal	Sciatica
Auto-immune	Heel spur	Menstrual problems	Scoliosis
Bladder	High blood pressure	Multiple Sclerosis	Shoulders
Brain	Hips/Legs	Neck	Thyroid
Cancer	HIV-related	Osteoporosis	Upper back
Carpal Tunnel	Hypoglycemia	Plantar Fasciitis	Wrist/Hand
Chronic fatigue	Insomnia	Pregnancy	
Diabetes	Kidney	Post-partum	

Elaborate on items checked and/or describe conditions not listed above:

Have you had any surgeries? If yes, please list type and year:

List your primary concern/complaint:

In general, how would you rate your physical health:

Poor 1 2 3 4 5 Excellent

How frequently do you experience pain/discomfort? _____

Are you in pain now? If yes please indicate the degree of pain is on a scale of 1-5, 5 being most severe _____

In the past 7 days, how would you rate your pain on average?

No pain 1 2 3 4 5 6 7 8 9 10 Worst pain

In the past 7 days, how often did you have pain so bad that you could not do anything for the whole day?

- Never
- Rarely
- Sometimes
- Often
- Always

In the past 7 days, how often did you have pain so bad that you had to stop what you were doing?

- Never
- Rarely
- Sometimes
- Often
- Always

In the past 7 days, how often did you have very severe pain?

- Never
- Rarely
- Sometimes
- Often
- Always

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all

Are you able to do chores such as vacuuming or yard work?

- Without any difficulty
- With a little difficulty
- With some difficulty
- With much difficulty
- Unable to do

Are you able to go up and down stairs at a normal pace?

- Without any difficulty
- With a little difficulty
- With some difficulty
- With much difficulty
- Unable to do

Are you able to go for a walk of at least 15 minutes?

- Without any difficulty
- With a little difficulty
- With some difficulty
- With much difficulty
- Unable to do

Are you able to run errands and shop?

- Without any difficulty
- With a little difficulty
- With some difficulty
- With much difficulty
- Unable to do

I can manage my symptoms during my daily activities

- I am not at all confident
- I am a little confident
- I am somewhat confident
- I am quite confident
- I am very confident

Please answer the following regarding the last 7 days:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
Question: In the last 7 days,					
My sleep was refreshing					
I had problems with my sleep					
I had difficulty falling asleep					
I felt fatigued					
How fatigued were you on average?					
I have trouble starting things because I am tired					
How run-down do you feel on average					

List medications, remedies and supplements used: _____

Have you used? (circle answers):

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Homeopathic medicine
<input type="checkbox"/> Chinese Medicine	<input type="checkbox"/> Massage
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Deep tissue therapy	<input type="checkbox"/> Psychotherapy

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.

Waiver of Liability & Disclosure Form: Please read and sign.

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. The exercises related to yoga will challenge my cardio-respiratory and musculoskeletal systems associated with; the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of the program. I understand and am aware that the components of exercise/yoga are potentially hazardous activities and may cause injury.
2. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga-based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Cristina Roy and Back2Health Yoga.
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program or other activities or workshops.
4. I, my heirs, or legal representatives, do hereby forever waive and release Cristina Roy and Back2Health Yoga, its members, teachers, agents and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, workshops or use of any equipment.
5. I understand that Cristina Roy and Back2Health Yoga may provide an area for personal belongings to be held during class, however, I agree that Cristina Roy is in no way responsible for the loss or damage of my belongings while I attend any programs, classes or workshops.
6. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to sue Cristina Roy, its teachers, members, agents and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature _____ Date _____

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Signature of parent/guardian _____ Date _____