



Client Information/ Medical Form

Personal Details:

First Name: _____ Surname: _____

Preferred name: (If applicable): _____

Date of Birth: _____ Phone: _____

Address: _____

Email: _____

Preferred contact method: Mobile Email Facebook

Current occupation: _____

How did you find out about this class?:

Google search Facebook Find Yoga Word of mouth

Other (please specify): _____

Do you allow permission to be (Please circle)

Added to Facebook Page

Added to Mailing list

Current Exercise Practice

Is this your first Yoga class? YES NO

If, No, How long have you been practicing Yoga for? _____

Do you currently undertake any other form of exercise? YES NO

If yes, what type of exercise is it, and how often? _____

What has drawn you to Yoga? _____

Are there any specific benefits you would like to gain from your practice?

Medical Information

Do you have any known allergies to any particular types of essential oils? YES NO

If, so please specify _____

Do you have any known sensitivities to incense or aromatic fragrances? YES NO

If, so please specify _____

Do you currently suffer from any pre-existing medical conditions? YES NO

If Yes, please specify?

Are you currently under any kind of medical care? YES NO

If Yes, please specify?

Do you currently have any current injuries or pre-existing injuries? YES NO

If Yes, please circle the area affected and if known, list the cause of injury

Knee	Hip	Neck	Groin	Lower Back	Spinal
Upper Back	Ankle	Wrist	Elbow	Upper Back	Hamstring

Have you recently undergone any type of medical surgery? YES NO

If Yes, please specify and provide details of your medical recovery from your doctor.

Do you suffer from any of the below health conditions? Please circle

Migranes	Frequent headaches
High Blood Pressure	Low Blood Pressure
Heart condition	Carpal tunnel syndrome
Infectious disease	Recent Trauma
Diabetes	Epilepsy
Arthritis	Vertigo
Cancer	Hernia

Insomnia

Tendonitis

Sciatica

Asthma

Glaucoma

Digestive Discomfort

Hearing Aids

Corneal Disease

Temporomandibular joint syndrome

Pregnancy

Are you currently pregnant? YES NO

If Yes, how many weeks are you? _____ When is your expected due date? _____

Is this your first pregnancy? YES NO

Are you currently suffering from any specific pregnancy related conditions? If Yes, please specify

I understand that Yoga is a form of physical exercise, along with the opportunity for relaxation. I will be mindful of my body and any discomfort or pressure caused during postures and adjust/ease back when necessary.

If any of the above medical information changes at any time, I will notify my instructor and discuss the relevant options suitable for me.

There are some medical conditions that Yoga is not suitable for, I will inform my teacher and if necessary provide a medical release from my doctor, to allow me to continue to practice Yoga safely.

I alone am responsible for managing my own health and informing my Instructor, I hereby waive and release any claims that I have against Samastah.

Emergency contact: _____

Relationship: _____ Phone: _____

Name of Student: _____

Signature (or guardian if under 18 years: _____

Date: _____