



## NEW YOGA STUDENT HEALTH HISTORY FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the box to NOT be signed up for The Metta Center's monthly e-newsletter

Who can we thank for referring you? (Specify friend, website or other source) \_\_\_\_\_

Have you ever practiced yoga before? If so, what type? \_\_\_\_\_

Are there any particular problem areas you would like to focus on in this class? \_\_\_\_\_

### Medical Background:

Do you have any of the following?

- Arthritis  Asthma  Blood Clots  Bursitis  Cancer  Cold/Flu Symptoms  Diabetes  Fibromyalgia  
 Headaches  Heart Conditions  High Blood Pressure  Infections  Neck/Back/Spine Condition  Osteoporosis  
 Current Pregnancy-Due date: \_\_\_\_\_  Skin Disorders  Surgeries (please list below)  TMJ Syndrome  
 Ulcers  Varicose Veins

Other, please describe: \_\_\_\_\_

List any current injuries; please describe them in detail:

\_\_\_\_\_  
\_\_\_\_\_

List any past injuries and surgeries in the last 20 years:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently in any pain? If yes, where and how severe is it? Do you know what the cause is?:

\_\_\_\_\_  
\_\_\_\_\_

List any medications you are currently taking:

\_\_\_\_\_

**Please Read the following & Sign:** I understand I will notify The Metta Center if any of my above medical conditions change. I will inform the instructor if I am uncomfortable in any position in the class. It is my responsibility to obtain approval from my doctor if I have any concerns or medical conditions prior to receiving any of the services at The Metta Center. Furthermore, I will not hold The Metta Center or any of its practitioners liable for any injury.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:  Vagaro: General Info  Vagaro: Health History  Added to Mailchimp  Referral email sent  Scanned to computer