

YOGA HEALTH QUESTIONNAIRE & CONSENT FORM FOR NEW STUDENTS

The purpose of this questionnaire is to help your yoga teacher better understand your fitness and health level in order to address your general expectations from our yoga classes.

NAME: _____ DATE: _____

EMAIL ADDRESS: _____

* I would like to be a part of *The Yoga Life* monthly email newsletters Y___ N___

PHONE NUMBER: _____

ADDRESS: _____

BIRTHDATE: Month ____ Day ____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

1. Have you done yoga before? Y / N (IF THE ANSWER IS NO, SKIP TO QUESTION #4)
2. If so, what style(s)?
3. How many years have you been doing yoga, and on average, how often?
4. On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?
5. What other forms of exercise do you do? (IF YOU DO NOT DO ANY OTHER FORMS OF EXCERSICE, SKIP TO QUESTION #7)
6. How long have you been doing these other forms of exercise, and how often?
7. On a scale of 1 – 10, how stressful is your job?

8. What are your expectations and/or goals from your yoga class?

9. Do you suffer from any of the following health issues? Check where applicable.

Arthritis ____ Blood Pressure ____ Eye Issues ____ Migraines ____
Asthma ____ Diabetes ____ Epilepsy ____ Pregnancy ____
Back Pain ____ Ear Issues ____ Heart Condition(s) ____

10. Are you O.K. with the use of essential oils during class? Y__ N__

10. Please add any further comments, questions, and/or concerns here:

Please be aware that proper care shall be taken for your well-being and safety, however, it is important to realize it is ultimately *your* responsibility to adjust your practice to avoid injury. **No responsibility can be taken for injuries from, or as a consequence of, your participation in these classes.**

Signature:

Date:

ALL INFORMATION IS STRICTLY CONFIDENTIAL. THANK YOU FOR FILLING THIS FORM.

THE YOGA LIFE NYC