



# Student Information

NAME \_\_\_\_\_  
LAST FIRST DATE OF BIRTH

ADDRESS \_\_\_\_\_  
STREET CITY/STATE/ZIP

PHONE \_\_\_\_\_  
HOME WORK

EMERGENCY \_\_\_\_\_  
CONTACT NAME PHONE

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLEASE CIRCLE AREAS OF CONCERN REGARDING YOUR HEALTH. INDICATE THE USE OF MEDICATIONS. WRITE PERTINENT DETAILS BELOW OR ON THE BACK OF THIS SHEET.

- |                       |                         |                       |
|-----------------------|-------------------------|-----------------------|
| ALLERGY               | EYES                    | MS                    |
| ANKLES/FEET           | GASTRO-INTESTINAL       | NECK/SHOULDERS        |
| ANXIETY/STRESS        | HEART CONDITION         | OSTEOPOROSIS          |
| ARTHRITIS             | HEADACHE/MIGRAINE       | PREGNANCY/POST-PARTUM |
| ASTHMA                | HIPS/LEGS               | PROLONGED ILLNESS     |
| BLOOD PRESSURE        | HIV-RELATED             | PROSTATE              |
| CHRONIC FATIGUE       | IMMUNOLOGICAL           | RECENT SURGERY        |
| DEPRESSION            | INSOMNIA                | SCIATICA              |
| DIABETES/HYPOGLYCEMIA | KNEES                   | SCOLIOSIS             |
| DIZZINESS/VERTIGO     | LOWER BACK              | THYROID               |
| ELBOWS                | MENSTRUAL/GYNECOLOGICAL | WRIST/HAND            |

OTHER:

PREVIOUS YOGA INSTRUCTION: \_\_\_\_\_  
WHERE? WHEN? TEACHER'S NAME?

WHY HAVE YOU DECIDED TO ENROLL IN YOGA CLASSES NOW? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE YOGA CIRCLE? (CIRCLE ONE)

PERSONAL REFERRAL READER AD BROCHURE YELLOW PAGES YOGA CHICAGO YOGA JOURNAL  
OTHER:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_