New Student Information

please PRINT

Name _____
(First) (Last)

Address _____ ☐☐☐☐☐
(Street) (City/State) (Zip)

Email _____

☐ *Please do NOT add me to your email list*

Phone _____ Alternate Phone _____

How did you hear about the Yoga Circle? (Circle one)

FRIEND/FAMILY TEACHER YOGA CHICAGO YOGA JOURNAL YELP
INTERNET SEARCH NEIGHBORHOOD MOKSHA METABODY BROCHURE/FLYER

Date of Birth _____ / _____ / _____ Occupation _____

EMERGENCY CONTACT

_____
(Name) (Relationship) (Phone)

Please circle areas of concern regarding your health. Indicate the use of medications. Write pertinent details below or on the back of this sheet. All information is requested for safety reasons and is strictly CONFIDENTIAL.

ALLERGY	EYES	MS
ANKLES/FEET	GASTRO-INTESTINAL	NECK/SHOULDERS
ANXIETY/STRESS	HEART CONDITION	OSTEOPOROSIS(*OSTEOPOENIA*)
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: _____

Yoga Experience: ☐None ☐ < 1year ☐ 1-5 years ☐ + 5years

Signature _____ Date _____