

Holistic Yoga with Julia Moore  
Yoga Student Form

www.holistic-yoga.co.uk

Name ..... Date of Birth: ...../...../.....

Address.....

..... Post Code:.....

Phone: (please give your mobile phone if possible).....

Email Address .....Join my emailing list? Y / N

Occupation:..... Regular hobbies/sports/activities:.....

.....

Doctor (name/address/phone).....

.....

Current Medications (including supplements) .....

.....

How long have you been practicing yoga? .....

How did you hear about the classes? .....

What aspects of yoga re you interested in? (Circle or highlight any of the following)

MEDITATION CHANTING BREATH AWARENESS YOGA PHILOSOPHY ANATOMY

Do you have any illness / ailment or pain?.....

Describe the pain, if any: DULL SHARP SHOOTING ACHY NUMB TINGLING STIFF

Pain scale: (low) 1-----5-----10 (high) Does it radiate anywhere?.....

Does anything aggravate your symptoms?.....

Does anything relieve your symptoms?.....

How long have you had these symptoms?.....

How is your general health?.....

.....

.....

Please tick all the conditions that apply to you currently. Where possible give more information in the box or the space underneath.

<b>HEAD/ NECK</b>	<b>DIGESTIVE/ URINARY</b>	<b>MUSCLE / JOINTS</b>
Headache	Difficult Digestion	Neck
Migraine	Constipation	Low back
Visual Disturbances	Liver / Gallbladder	Mid back
Contact lenses/glasses	Kidney / Urinary	Upper back
Earaches	Diabetes (Type & Onset)	Shoulder
Hearing Problems	Hypoglycemia	Hip
Jaw Pain / Dental Problems	Crohn's disease	Knee
Whiplash	Irritable bowel	Ankle
<b>CARDIOVASCULAR</b>	<b>FEMALE</b>	<b>OTHER</b>
High blood pressure	Menstrual Pain	Asthma / Bronchitis
Low blood pressure	Menstrual Mood Swings	Chronic Fatigue Syndrome
Poor circulation	Pregnancy	Epilepsy
Heart disease	Due Date:	Osteoporosis / Osteopaenia
Heart attack	Type of birth(s)	Dizziness / Fainting
Stroke	Ages of Children:	Thyroid problems
Varicose Veins		Fibromyalgia
Pacemaker	Menopausal symptoms	Arthritis
Arteriosclerosis		Cancer
Irregular heart beat	Gynaecological symptoms	

Additional Information.....  
 .....  
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Please let me know before the class starts if you are experiencing any injury, discomfort, illness or other change (e.g. menstruation or pregnancy) which is not mentioned on this form. As we all have different bodies with different strengths and weaknesses it is essential that you take responsibility for your own movement during the class. You are not required to hold the poses any longer than is comfortable.

Signature.....