HEALTH INFORMATION FORM

Name _____D.O.B. _____
Address_____City_____ State ____ Zip _____
Phone (H) ( ) _____-_____ (C) ( ) _____-_____ (W) ( ) _____-_____
E-MAIL_____ Occupation_____

All information will be kept private and is for your safety.
Please check the word that best describes the current state of your health:

_____ Poor _____ Average _____ Good _____Excellent

Are you presently under the care of a Physician? _____ if so please list the conditions being monitored
_____
_____

Have you any recent surgeries? _____ if so please list them along with dates below.
_____
_____

Are you taking any long-term prescribed or over-the-counter medication(s)? _____
If so, please list the medication(s) and the reason you are taking it/them.
_____
_____

Please check any of the following that you have experienced, whether past or present

___ Diabetes
___ Hearing Loss
___ Anxiety Disorder
___ Heart Trouble
___ AIDS / HIV
___ Hernia
___ Allergies
___ Hypoglycemia
___ Asthma
___ Orthopedic Problems
___ Back Pain
___ Respiratory Problems
___ Cancer
___ Sleep Disorders
___ Candida
___ Chronic Fatigue Syndrome
___ Surgery (recent)
___ Chronic Pain / Fibromyalgia
___ Multiple Sclerosis
___ Colitis
___ Urinary Disease
___ Addiction to Drugs / Alcohol
___ Therapy / Counseling
___ Depression
___ Tuberculosis
___ Digestive Problems
___ Eating Disorder
___ Epilepsy
___ Emphysema
___ Headaches
___ Glaucoma
___ Gastritis / Ulcer
___ High / Low Blood Pressure
___ Joint Problems

For women:

___ Are you pregnant? _____Weeks
___ PMS or Irregular Periods
___ Menopausal Symptoms
- Hot Flashes
- Irritability
- Mood Swings

What do you hope to gain from doing Yoga?
_____

Have you practiced yoga before? Please explain _____

PROFESSIONAL DISCLOSURE FORM AND RELEASE

I am delighted to have you as a Yoga student. The following information will help you get the most out of your Yoga classes and clarify my role as a Yoga teacher. Please read and sign below.

1. I am a **Registered Kripalu Yoga Teacher** and have completed a thorough professional training in yoga instruction. Kripalu Yoga is much more than physical exercise; it is a transformational practice that integrates body, mind and spirit. Kripalu Yoga is a way of encountering and releasing physical, mental and emotional tensions to arrive at deeper levels of relaxation and awareness.

2. All exercise programs involve a risk of injury. By choosing to participate in my Yoga classes, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:

   - Listen to and follow my instructions carefully.
   - Breathe smoothly and continuously as you move and stretch.
   - Do not hold your breath or strain to attain any position.
   - Work gently, respecting your body's abilities and limits.
   - Don't perform postures or movements that are painful.
   - Ask me if you are unsure how to perform a certain movement.
   - Menstruating women should not practice inverted postures.
   - Pregnant women must consult their health care provider before enrolling in class.

3. It is always advisable to consult your physician before embarking on any exercise program. I will give you a Health Awareness Form to complete. You must sign the form and inform me of any health conditions that could be affected by your practice of Yoga. If you are unsure about a condition, please speak to me.

4. Awareness is fundamental to the practice of Kripalu Yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. Though I am your teacher, you remain primarily responsible for your safety and well-being.

5. As a professional I am responsible for providing competent Yoga instruction. I am not responsible for ensuring the safety of my students beyond providing competent instruction. By signing this form, you hereby release Sandra Pellerin, RYT and Kripalu Center for Yoga & Health from any and all liability for injuries that are not directly and proximately caused by my professional negligence.

I have read, understand and agree to the content of this Professional Disclosure Form and Release.

_____ _____

Signature Date

How did you hear of us? _____

Who may we thank for referring you? _____