



HEALTH INFORMATION FORM

Name _____ D.O.B. _____
 Address _____ City / Town _____ 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 had any surgeries in the past? _____ 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

- | | |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Urinary Disease |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Addiction to Drugs / Alcohol |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Therapy / Counseling |
| <input type="checkbox"/> AIDS / HIV | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Digestive Problems |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastritis / Ulcer |
| <input type="checkbox"/> Sleep Disorders | <input type="checkbox"/> High / Low Blood Pressure |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Joint Problems |
| <input type="checkbox"/> Chronic Fatigue Syndrome | For women: |
| <input type="checkbox"/> Surgery (recent) | <input type="checkbox"/> Are you pregnant? _____ Weeks |
| <input type="checkbox"/> Chronic Pain / Fibromyalgia | <input type="checkbox"/> PMS or Irregular Periods |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Menopausal Symptoms |
| | <input type="checkbox"/> Hot Flashes |
| | <input type="checkbox"/> Irritability |
| | <input type="checkbox"/> Mood Swings |

Please describe any other health concerns below:

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 **Certified 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, CYT 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? _____



Beginning **Friday November 2nd at 10:00 am**, for 6 Weeks, these 1 hour classes, held in my home yoga studio, will give you an opportunity to expand your body and release tensions. Yippee!

For your body ~ stretch and tone muscles ★ release chronic tension ★
De-stress and refresh.

For your mind ~ calm restless thoughts ★ cultivate concentration ★
Support mental clarity and confidence

For your spirit ~ encourage self -acceptance ★ honor inner wisdom ★
Invite deep peace

Easy to follow step-by-step instructions for Beginners
Gentle warm-up movements with plenty of repetition to slowly wake the body
Breathing exercises to create tranquility
A variety of standing and balancing poses to aid in creating better body alignment
Relaxation and restorative poses to replenish and heal the body
Ending meditation will allow space to connect with your inner awareness

**Space is limited so register early.
Your space is secured when payment is received.**

Print this form and send bottom portion with payment
Keep top portion as your receipt.

Name _____ Home# _____

Address _____
City/State _____ Zip Code _____

E-mail _____ Cell# _____

6 Weeks session ~ \$66.00
Drop-In ~ \$14.00
6 Class Punch Card ~ \$75.00
1 Hour Private Instruction ~ \$ 65.00

Send check to: Sandy Pellerin ~ 110 Kimball Hill Road ~ Hudson, NH ~03051
Any questions... 603-882-6414 ssyogastudio@aol.com www.ssyogastudio.com