

YOGA THERAPY HEALTH QUESTIONNAIRE



Please complete and submit this form before attending your first class with Patricia. Brief answers are fine.

Name –

Gender:

Occupation:

Marital Status

Email:

Address:-

Phone No. -

Emergency Contact person/phone No –

Referred By

Yoga Therapy

What conditions are you interested in yoga therapy for? **Please list in order of priority to you:**

Do you have previous yoga experience? **If yes please describe.**

What benefits do you hope to get from yoga therapy?

PREVIOUS TREATMENT

Have you seen, and are you currently seeing any practitioner(s) including complementary practitioner(s)?

Are you currently taking any medication, herbs or supplements?

Have you had time off work for this condition?

HEALTH STATUS – PLEASE CIRCLE, BOLD OR DELETE AS RELEVANT

Height

Weight

Energy Level Good / Moderate / Poor

Sleep Quality Good / Moderate / Poor

Appetite Good / Moderate / Poor

Sleep Onset Fast / Takes time / erratic

Do you drink caffeine? How many cups a day?

Exercise type & frequency

-

Bowel Movement

Regular / irritable / constipated / erratic

Typical Diet

Mealtimes

Regular / erratic / eat late in the evening

Do you drink alcohol? How many units per week?

Yes / No

Do you smoke? How many a day

Yes / No

Menstruation Normal / menopause / problematic (describe)

Are you pregnant? / Ages of children

Yes / No

Breathing

Asthma/ other (describe)

Heart/Circulation/Blood Pressure

High BP / Low BP / Arrhythmia / Heart Attack / Other

Nervous System

Stroke / Fainting / Dizziness / Numbness / Pins & Needles / Other

Muscle/joint pain/stiffness

Yes / No (describe)

Headaches (Give frequency)

Migraine / Tension / other

Skin problems

Yes / No (describe)

Problems with eyes/ears/nose/mouth?

Yes / No (describe)

FAMILY MEDICAL HISTORY

Please list any chronic health conditions

Mother

Father

Grandparent(s)

Sibling(s)

Please list any previous or current events

Surgeries

Accidents/ injuries

Illness

Mind & Emotions

Worry/ anxiety/ stress/ depression/ hyperactive/ irritable/ other (describe)

Is there anything further I need to know about your health? If yes, please give details:

What areas of yoga would you like to further develop? Asana/ Pranayama/Meditation/ Philosophy?

Would you be keen to attend a Yoga workshop?

Yoga Weekend?

A weekly retreat?

If yes, do you have a preferred time of year? UK? Abroad?

Disclaimer:

Liability release *I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the therapist. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment.

Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Patricia Leggatt or the facility where the class is held.

The above information is correct and I am willing to provide further information in follow up sessions

Signature -

Date -

Print -