

# Yoga Health Questionnaire & Consent Form for New Students (Brenda's Yoga)

The purpose of this questionnaire is to help me better understand your fitness and health level to address your general expectations from our yoga classes.

Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Year \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Have you done yoga before? Y ☐ N ☐

If you have, what type of yoga and for how long have you been practicing? \_\_\_\_\_

2. How many times a week do you practice? \_\_\_\_\_

3. On a scale of 1-10, how physically active are you? (10 being most active) \_\_\_\_\_

4. What type of activity do you participate in? \_\_\_\_\_

5. How long have you been active? \_\_\_\_\_

6. Do you experience more than average stress in your life? \_\_\_\_\_

7. What are your expectations from attending yoga classes? \_\_\_\_\_

What are your goals? \_\_\_\_\_

8. Do you suffer from any of the following health issues? Y ☐ N ☐ Check where they apply.

Arthritis ☐ Blood Pressure ☐ Eye Issues ☐ Asthma ☐

Diabetes ☐ Epilepsy ☐ Back Pain ☐ Ear Issues ☐ Anxiety ☐ Other ☐

Please be aware that proper care shall be taken for your well-being and safety, however it is important to realize it is your responsibility to adjust your practice to avoid injury.

☐ **I agree to the following: No responsibility can be taken for injuries from, or as a consequence, of my participation in these classes. Full Name:** \_\_\_\_\_