

STUDENT PROFILE

Last Name _____ First Name _____
Street Address _____
City, State Zip _____
e-mail address _____
phone number _____ best way to reach you: _____
How did you hear about Asana Yoga Center?

Have you practiced yoga before? _____ If so, what style, where and for how long?

HEALTH STATUS: Please check the areas of concern regarding your health and write pertinent details on the back, such as dates of sprains, etc.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Post-partum |
| <input type="checkbox"/> Ankles/Feet | <input type="checkbox"/> Eyes | <input type="checkbox"/> Knees | <input type="checkbox"/> Prolonged illness |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gastrointestinal disorder | <input type="checkbox"/> Liver | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Auto-immune dysfunction | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Menopausal | <input type="checkbox"/> Sedentary |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Heel Spurs | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> High blood press. | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Neck | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Shoulders |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hips/Legs | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV-related | <input type="checkbox"/> Overweight | <input type="checkbox"/> Upper back |
| <input type="checkbox"/> Hypoglycemia | | | <input type="checkbox"/> Wrist/hand |

FITNESS/LIFE GOALS

Please list any accidents, such as car, their dates and disabilities associated therewith:

In case of Emergency, notify: _____

This form is for informational purposes only and does not imply treatment of any of the conditions listed above. Yoga instruction is in no way intended as a substitute for medical treatment.

Asana Yoga Center is a fragrance-free environment. If you wear any scented product you may be asked to wash or come back on another day. Please be mindful on days you come to yoga. Any scented product or residual scent on clothing creates a problem, so please be aware of deodorants, lotions, body wash, hairspray, etc. Thank you!