Ananda Yoga Studio
Bloom into Bliss

Health Registration Form

Name: ______________________________ Date of Birth: ______________

Address: ____

Occupation: __________________ Phone: (H) ________ (W) ________ Mobile ________

Email Address: ____

Primary Physician: ________________ Emergency Contact: ________________

Medications/Natural Supplements: ______________________________

____

Class or Workshop You Are Registering For: ______________________________

First Choice: ________________ Second Choice: ________________

Please indicate below any conditions you have or have had in the past:

___Allergies	___Diabetes	___Hip Replacement	___Pregnant (trimester)
___Anxiety/Stress	___Digestive Problems	___Hypoglycemia	___Sciatica/Back
___Arthritis	___Epilepsy	___Knee Problems	___Pain/Disc Problems
___Asthma	___Fatigue	___MS	___Scoliosis
___HBP	___Fibromyalgia	___Neck/Shoulder Pain	___Sinus Problems
___CFIDS	___Headaches/Migraines	___PMS	___Sleep Disturbances
___Circulation Problems	___Heart Condition	___Organ Transplant	___Ulcers
___Depression	___Hernia	___Osteoporosis	___Others

Other: (please add any detail information to the above & include other surgeries, major illnesses, chronic conditions or discomforts that you think might be helpful for me to know)

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What other traditional & alternative health practices are you currently seeking assistance from i.e. Physical Therapy, Chiropractic, Craniosacral/Myofascial Therapy, Massage, etc. Please include the frequency of these visits.

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What are your intentions for your yoga practice and/or private therapy sessions?

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Have you had any previous instruction in yoga? If yes, with whom and for how long.

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Thank you for filling out this questionnaire as it will help me to serve you better. I look forward to offering you a whole new way to be in your mind and body.

*Please bring the Health Registration Form with you to class.

Namaste,
Tish Roy, Leading, CYST, RYT

ANANDA YOGA STUDIO

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Please mark on the drawings below where your pain is and where you hold tension.

LEFT SIDE RIGHT SIDE