



# Lotus Yoga Center LLC

## Student Questionnaire

Namaste & Welcome to Lotus Yoga Center. Please fill out and sign this form and return it to the teacher prior to your first Yoga class.

### Contact Information

Name:		Birth Date:
Street Address:		
City:	State:	Zip Code:
Phone #: ( )	Cell #: ( )	Emergency #: ( )
Email Address:		

### General Information

Reason for taking Yoga:

How did you hear about our Yoga Center?:

A Friend    Phonebook    Online/Web Search    Facebook    Saw our sign/location

Other:

### Physical History

Are you currently under a Doctor's Care?:    Yes    No

If you are, for what conditions?:

Please check any of the following conditions that you currently are challenged with:

<input type="checkbox"/> Dizziness/Fainting Spells	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Accidental Injury
<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> T.M.J. Syndrome	<input type="checkbox"/> Cancer	<input type="checkbox"/> Spine/Neck Injury
<input type="checkbox"/> Emotional Stress	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Vision/Hearing Impairment	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Allergies	<input type="checkbox"/> Fever	<input type="checkbox"/> Sports Injury
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Cold Virus	<input type="checkbox"/> Headaches	<input type="checkbox"/> Acute Pain
<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Flu	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Kidney Ailment	<input type="checkbox"/> Infectious Conditions	<input type="checkbox"/> Ulcerated Colon
<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> P.M.S. Syndrome	<input type="checkbox"/> Other	
<input type="checkbox"/> Seizures/Convulsion	<input type="checkbox"/> Skin Disorders		

If you have spinal ailments, recent injuries or operations, please explain:

"I REALIZE THAT I AM RESPONSIBLE FOR DOING MY OWN WORK PHYSICALLY AND MENTALLY IN YOGA CLASS. I UNDERSTAND THAT THE LOTUS YOGA TEACHERS AND/OR ASSISTANTS ARE NOT RESPONSIBLE FOR ANY INJURIES."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Gary Gross & Michele Baran, Certified Instructors (ERYT500)