

HARMONY YOGA PILATES STUDIO HEALTH SURVEY

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Email: _____

Please answer the following questions by circling Yes or No.

1. Have you practiced yoga or pilates before? No Yes, _____ for how long _____
2. In yoga & pilates, postural body alignments are made. Do you mind having the instructor make adjustments for you? Yes No
3. Have you ever had whiplash or any other neck problems? Yes No
(if Yes, please explain)
4. Do you have high or low blood pressure? Normal High Low
5. Do you suffer from chronic back pain? (if Yes, please explain) Yes No
6. Have you ever had back surgery or a serious injury? (if Yes, please explain) Yes No
7. Do you suffer from insomnia? Yes No
8. Has a doctor ever told you that you have a bone or joint problem (such as arthritis, bursitis, osteoporosis) that has been aggravated or might be made worse by exercise? (if Yes, please explain) Yes No
9. Do you suffer from diseases of the heart, lungs, kidneys, and/or liver? Yes No
10. Are you pregnant? Yes No
11. Are you on any medication? (if Yes, please explain) Yes No
12. Do you suffer from Hemorrhoids? Yes No
13. Do you suffer from Hernia? (if Yes, please explain what kind of Hernia) Yes No
14. Do you suffer from hearing loss? Yes No
15. Is there anything else concerning your health you should tell your yoga/pilates instructor? Yes No
(If Yes, please explain)
15. What do you hope to get out of this series of yoga/pilates classes?

ACKNOWLEDGEMENT AND WAIVER

I, _____, declare the above information to be accurate and true. I acknowledge that I understand that Yoga/Pilates is not a medical procedure, and the Yoga/Pilates Teacher will not be providing a diagnosis of any medical problems or concerns, which I may have. I understand that Yoga/Pilates is a process of integration intended to facilitate wholeness, body-awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the Yoga/Pilates Teacher of any activity or movement which I cannot safely perform, and that I will not perform any activity or movement, which I feel is likely to cause me to injure myself. I agree to hold the Yoga/Pilates Teacher harmless from any and all responsibility for any injury which I may sustain during or as a result of my Yoga/Pilates sessions.

Dated: _____

Signed: _____