



Are you currently receiving any medical or therapeutic treatment

Yes No

If the answer is yes, please give further details here:

Are you currently taking medication?

Yes No

If the answer is yes, please give further details here:

Are there any other medical conditions that you are aware of that may be exacerbated by the practice of yoga?

**About your yoga practice:**

Would you describe your practice and/or knowledge of yoga as:

Complete beginner Beginner Intermediate Advanced

Do you practice any other sports or activities?

What would you like to gain from your practice of yoga>

- |                            |                              |
|----------------------------|------------------------------|
| flexibility                | strength                     |
| calmness of mind           | mental clarity               |
| increased physical fitness | injury recovery              |
| pain relief                | greater knowledge of oneself |
| greater knowledge of yoga  | meet new people              |
| stress relief              | mental/emotional balance     |

Please add anything else not covered above:

Signature:

Date: