

Dru Yoga Health Form



To be filled out by student prior to attending their first Dru Yoga class.

Name: _____ D.O.B: _____

Mobile: _____ Email: _____

What are you hoping to gain from your yoga classes?

Yes (please tick) I would like to receive updates via email, about upcoming Yoga classes, workshops and retreats, and informative free online self-help videos (on everything from stress-relief to healing from addictions), from Kylie

The following information is treated as confidential. Please tick if you experience any of the conditions mentioned and provide details that may affect your ability to do yoga. It will allow you to benefit even more from the classes in the safest possible way.

About My Health:

My general health is: excellent good manageable challenging

Please tick any of the following that apply to you:			
Abdominal Problems	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>
Ankle problems	<input type="checkbox"/>	Retina - Detached	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Shoulder Problems	<input type="checkbox"/>
Back problems/ pain	<input type="checkbox"/>	Spine Issues	<input type="checkbox"/>
Blood pressure high/ low	<input type="checkbox"/>	Surgery - Recent	<input type="checkbox"/>
Breathing difficulties	<input type="checkbox"/>	Thyroid Issues	<input type="checkbox"/>
Cardiac problems	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>
Cervical disc	<input type="checkbox"/>	Wrist Issues	<input type="checkbox"/>
Depression	<input type="checkbox"/>		<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	I am Taking Medication	<input type="checkbox"/>
Ear/ Eye Issues	<input type="checkbox"/>	I am Pregnant	<input type="checkbox"/>
Energy - Lack of	<input type="checkbox"/>		<input type="checkbox"/>
Headaches/ Migraines	<input type="checkbox"/>	Other Health Issues	<input type="checkbox"/>
Hernia Issues	<input type="checkbox"/>		<input type="checkbox"/>
Hip Issues	<input type="checkbox"/>	Disclaimer I take full responsibility for my own health and wellbeing during the class and when I practise anything taught in the yoga classes in another location. Signature.....Date.....	<input type="checkbox"/>
Joint Problems	<input type="checkbox"/>		<input type="checkbox"/>
Knee Problems	<input type="checkbox"/>		<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>		<input type="checkbox"/>
Neck Problems	<input type="checkbox"/>		<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>		<input type="checkbox"/>
Post-Natal	<input type="checkbox"/>		<input type="checkbox"/>

