

HEALTH INFORMATION FORM

Please check the word that best describes the current state of your health:

Poor Average Good Great

Are you taking any long-term prescription or over-the-counter medication? Yes No

If so, please list the medication and the reason you are taking it.

Please check all of the following that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Addiction to drugs/alcohol | <input type="checkbox"/> Chronic fatigue syndrome |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Surgery (recent) |
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Chronic pain/fibromyalgia |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Thyroid/endocrine problem |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Therapy/counseling |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Digestive problems |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Suicidal thinking | <input type="checkbox"/> Gastritis/ulcer |

For Women:

PMS or irregular periods

Menopausal symptoms

- Hot flashes
- Irritability
- Mood swings

Please describe any other health or medical conditions below:

Please ask any questions or voice any concerns that you have about participating in Yoga classes: