



Blissful Body Yoga
discover your bliss!

www.blissfulbodyyoga.com • info@blissfulbodyyoga.com • 704.837.7278

CONFIDENTIAL HEALTH INFORMATION FORM

Thank you for taking the time to provide this information, which will help me to provide adaptations as needed so that your yoga practice is appropriate for you.

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

_____ Great _____ Good _____ Average _____ Poor

2. Please check any and all of the following that apply to you **and please write in any pertinent details:**

- Back pain. Please specify location and any movements that aggravate or relieve it: _____
- Joint pain, instability or restriction of movement. Please circle location and describe any movements that aggravate or relieve it:
hip / knee / ankle / foot / neck / shoulder / elbow / wrist / hand / other: _____
- Sports-related injuries or conditions. Please specify location and any movements that aggravate or relieve it: _____
- Particular muscle tightness. Please specify location and any movements that aggravate or relieve it: _____
- Injuries Please specify and give approximate date: _____
- Arthritis. Please specify affected joints and any movements that aggravate or relieve it: _____
- Scoliosis or other orthopedic conditions or surgeries. Please specify: _____
- Leg cramps. Please specify location and when they tend to occur: _____
- Heart conditions. Please specify: _____
- High blood pressure, (hypertension)
If so, is it medicated? _____ Normalized by medication? _____
- Low blood pressure
- Surgery. Please specify and give approximate date: _____

Cancer. Please specify and give approximate dates of surgery or other treatments: _____

Varicose veins
 Hernia. Please specify: _____

Respiratory conditions. Please specify: _____

- Asthma
- Allergies
- Digestive problems. Please specify: _____
- Diabetes
- Hypoglycemia
- Anxiety
- Difficulty sleeping. Please specify: _____
- Glaucoma _____
- Detached retina _____
- Hearing loss
- Thyroid/endocrine problem
- Chronic pain/ fibromyalgia
- Epilepsy
- Headaches
- Migraines

For women:

- PMS
- Any discomfort with menopause. Please specify: _____
- Pregnancy (due date) _____

4. Please describe any other health or medical conditions:

5. Please ask any questions or voice any concerns that you may have about participating in yoga classes:

Signature: _____ **Date:** _____

Name: _____