



STUDENT HEALTH & YOGA QUESTIONNAIRE

Name:

Email:

Do you have previous yoga experience? If so, how long?

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In what style(s)?

.....

How often do you practice yoga/take classes?

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Do you have any current injuries, chronic pain, or special conditions that may affect your comfort/participation during yoga practice? If yes, please explain (To be kept confidential) :

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Please check all that apply:

Diabetes ___ Hypertension ___ Hernia ___ Osteoarthritis ___ Heart Disease ___

Back, Knee, Shoulder Pain ___ Hypoglycemia ___ Mental Illness ___ Rheumatoid Arthritis ___

Herniated/Bulging Disc ___ Digestive Disorder ___ Chronic Headache ___ Low Blood Pressure ___

Seizures/Epilepsy ___ Immune Disorder ___ Pregnant: due ___ Asthma ___ Ulcers ___

Sciatica ___ Allergies ___ Other ___

Anne Pauline Abadie - Anne Po Yoga

www.annepoyoga.com

Ph: + 64 21 147 8432 | apabadie@gmail.com



Any other health conditions or surgeries that may affect your yoga practice?

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Do you have any special dietary requirements?

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Would you like to receive emails about upcoming retreats, events, discounts?

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How did you hear about Anne Po Yoga?

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Emergency Contact person:

Name:

Email:

Phone:

Address:

Relationship:

Date:
Signature of Participant:

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