

# Silverwood Community Association Yoga Fitness/Health Questionnaire

Teacher: Karen Dagdick



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Phone : \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

What is the state of your present health? \_\_\_\_\_

Are you now or have you been pregnant within the past 3 months? \_\_\_\_\_

Does your physician know you are participating in a yoga class? \_\_\_\_\_

Do you have now or have you had within the past year:      YES                      NO                      EXPLAIN if YES

- |  |       |       |                         |
|--|-------|-------|-------------------------|
| 1. Chronic illness ?   | _____ | _____ | _____                   |
| 2. Advice from a physician not to exercise?                            | _____ | _____ | _____                   |
| 3. Recent surgery (within the past 3 months)?                          | _____ | _____ | _____                   |
| 4. History of heart problems?  | _____ | _____ | _____                   |
| 5. Any of the following that could be aggravated by physical activity: |       |       |                         |
| A. Muscle disorder?  | _____ | _____ | _____                   |
| B. Joint disorder?   | _____ | _____ | _____                   |
| C. Bone disorder?  | _____ | _____ | _____                   |
| D. Back/Spine disorder?  | _____ | _____ | _____                   |
| 6. Diabetes?   | _____ | _____ | _____                   |
| 7. High/Low Blood Pressure? (circle)                                   | _____ | _____ | Is it controlled? _____ |
| 8. High Cholesterol ?  | _____ | _____ | Is it controlled? _____ |