



**HEALTH CHECK FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FITNESS:      **Excellent**

**Average**

**Poor**

**MEDICAL HISTORY: (Please tick and explain details if yes)**

Yes	No	
		<b>High Blood Pressure</b>
		<b>Recent Surgery or traumas</b>
		<b>Muscle problems</b>
		<b>Pregnant</b>
		<b>Asthma or short breath</b>
		<b>Illness</b>
		<b>Medication</b>

**MAIN REASON FOR ATTENDING YOGA:**

<b>Body</b>	Stretching	
	Breathing	
	Keeping Well	
<b>Mind</b>	Relaxation	
	Meditation	
	Knowledge	
<b>Spirit</b>	General wellbeing	
	Self-awareness	
	Stress relief	

**(All information is kept confidential)**

Linda

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