

Health & Medical Form

**Section A: Personal Information (Confidential - All information shared is held in strictest confidence)**

Given name: Surname:

Home Ph: Mobile: Work Ph:

Email:

Occupation: Date of Birth:

Street Address: Suburb: Post Code:

**Section B: Medical Conditions**

Please tick if you have had or do have any of the following conditions:

Any Heart Conditions Any Spinal Conditions (give details)

High Blood Pressure Joint Pain

Any Chronic Illness (give details) Dizziness

Depression Headaches

Anxiety Muscular pain/cramps

Arthritis (give details) Any Major or limiting injuries

Gastrointestinal Ulcer

Details of above conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you do any regular exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what and how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you practiced yoga before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so what style and how long for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: How did you find out about us?**

Google Search Word of Mouth

Natural Therapy Pages Walked Past

Facebook Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement**

I have answered the questions to the best of my ability. I understand that the teachers of Mandala Yoga cannot give me medical advice with regard to my medical fitness and that information given will be used as a guideline to the limitations of my ability for yoga activities.

I also understand that Mandala Yoga will not pass on any of my contact /personal information to anyone and all information given in this document is held in the strictest of confidence.

**Signed Student Date**