



**Yoga for Calm Registration Information Form & Confidentiality Statement**

Please take some time to answer the questions in this information package. The instructors for the Yoga for Calm program will use this information to create sessions that are appropriate for your level of health and to help tailor the change exercises to address specific issues that the students are facing.

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Do you have any mobility limitations that would preclude you from climbing 2 flights of stairs? At this time, the program is offered at a studio that has no wheelchair access.

Yes    No

Have you had any ailment, injury or illness in the past five years that has caused you to be away from work, school or home for a long period of time, or still causes you physical pain or decreased range of motion?

Yes    No    Please feel free to provide more detail.

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Have you ever had high or low blood pressure, pain or tightness in the chest, or any heart disorder including disorders of the circulatory system?

Yes    No    Please feel free to provide more detail.

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Have you ever had cancer, disorders of the blood, diabetes, liver disorder, respiratory or intestinal disorders?

Yes    No    Please feel free to provide more detail.

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Have you ever had backache, rheumatism, arthritis, paralysis, fibromyalgia, or any disorder of the muscles or bones, including joints, and spine?

Yes    No    Please explain if you feel it is important.

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Have you ever taken drugs, other than for medical purposes, been advised to drink less alcohol or received treatment for drug use or alcohol use?

Yes    No

Have you smoked any Tobacco products within the past 12 months? (tobacco products include: cigarettes, cigars, mini cigars, nicorette gum or patch, marijuana or hashish).

Yes    No

Have you ever been treated for anxiety?

Yes    No    Please feel free to provide more detail.

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Have you ever been treated for depression, or suffered an episode of elevated mood or mania?

Yes    No    Please feel free to provide more detail.

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Have you ever spent time in a hospital, care facility or other institution for treatment or observation for any disorder or other physical or mental health issue?

Yes    No    Please feel free to provide more detail.

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Information regarding your involvement with this Yoga Loft program is confidential and protected; however, there are exceptions to our confidentiality where it would be necessary to report specific information. This could include the following situations:

1. If we become aware that children or adults are being neglected or abused.
2. If we become aware that a student may do serious physical harm to themselves or to others.
3. If any Yoga Loft teacher or employee is subpoenaed by the court, we are obliged to testify. Our records may also be subpoenaed and there is an obligation to present these to the courts.

I have read and understand the above questions and confidentiality statement. \_\_\_\_\_(Initial)

PLEASE COMPLETE AND RETURN TO THE YOGA LOFT BY SATURDAY NOVEMBER 1. You can drop it off or scan and email to [Marcia@youryogaloft.com](mailto:Marcia@youryogaloft.com)

Thank you!

Johnathan, Angie and Marcia