



Shortness of Breath or Chest Pain	Yes	No	
Use an Inhaler	Yes	No	<i>If yes, please bring it to every class</i>
High Blood Pressure	Yes	No	
High Cholesterol Level	Yes	No	
Back Pain	Yes	No	
Is back pain related to pregnancy	Yes	No	
If No, please explain:	_____		
Back injury	Yes	No	
Back surgery	Yes	No	
Slipped discs	Yes	No	
SI joint problems	Yes	No	
Whiplash or other neck problems	Yes	No	
Cigarette Smoking	Yes	No	
Abnormal Resting EKG	Yes	No	
Diabetes	Yes	No	
Insulin Dependent?	Yes	No	
Insomnia	Yes	No	
Hemorrhoids	Yes	No	
Hernia	Yes	No	
Diseases of the heart	Yes	No	
Diseases of the lung	Yes	No	
Diseases of the kidneys	Yes	No	
Diseases of the liver	Yes	No	
High blood pressure	Yes	No	
Low blood pressure	Yes	No	
Depression	Yes	No	
Anxiety	Yes	No	
Significant Bone/Joint/Muscle Pain	Yes	No	

Location: \_\_\_\_\_

Has a doctor told you that you have a bone or joint problem (such as arthritis, bursitis, osteoporosis) that has been or might be aggravated by exercise?      Yes      No

Any other physical strains or injuries?      Yes      No

If yes, please explain: \_\_\_\_\_

Are you on any medication?      Yes      No

If yes, please list medications \_\_\_\_\_

Is there anything else concerning your health that you should tell your yoga instructor?

**It is a condition of participation in any recreational activity by or on behalf of The Yoga Loft or its agents, servants or employees that "The Yoga Loft" "Whole Family Yoga Inc." is not liable for loss, injury, damage or ambulance service resulting from or in connection with such participation.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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