

## Student Health Information for Yoga

### Participant/StudentDetails

<b>Full Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Pronouns</b>	

### Emergency Contact/ Next Of Kin

<b>Name</b>	
<b>Relationship to you</b>	
<b>Phone Number</b>	
<b>Address</b>	
<b>Email</b>	

The following personal health information is important for your Yoga Teacher to be aware of, in order to help ensure your safety during yoga postures and classes.

**Do you have any current injuries?**

- Yes / No**

**If yes, please specify the injury and its management plan:**

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**2. Do you have any ongoing medical conditions or relevant health concerns?**

- Yes / No

**If yes, please specify:**

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**3. Have you had any recent surgeries?**

- Yes / No

**If yes, please specify:**

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**4. Are you currently taking any medication?**

- Yes / No

**If yes, please specify:**

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**5. Do you have any of the following conditions? (Please check all that apply)**

- Back pain
- Knee pain
- Shoulder pain
- Neck pain
- High blood pressure
- Heart disease
- Epilepsy
- Pregnancy
- Other

**Please specify the type and intensity of the pain/ any relevant details:**

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**6. Do you have any allergies?**

- Yes / No

**If yes, please specify:**

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7. Have you been advised by a healthcare professional to avoid any specific activities?
- Yes / No

If yes, please specify:

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8. Have you ever previously been injured during a yoga class?

- Yes / No

If yes, please specify:

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8. Is there any other information you think we should know to ensure your safety and well-being during classes?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Acknowledgment and Consent

By signing below, I confirm that the above information is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update Illawarra Yoga and Psychology if there are any changes to my health status. I acknowledge that I have consulted with a healthcare professional regarding any concerns I have about participating in yoga classes.

Participant Signature: \_\_\_\_\_

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_

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

On the following page are some optional questions regarding your mental health. They are optional but may help the yoga teacher tailor classes to best support you and your mental health needs.

## Optional Mental Health Questions

**Current Symptoms Checklist: (check once for any symptoms present, twice for major symptoms)**

- Depressed mood
- Crying spells
- Unable to enjoy activities
- Sleep issues
- Fatigue
- Loss of interest/motivation
- Concentration difficulties
- Forgetfulness
- Change in appetite/diet
- Excessive guilt/shame
- Rumination on the past
- Racing Thoughts
- Impulsivity
- Increased risky behaviour
- Alcohol use
- Gambolling
- Gaming/TV/social media overuse
- Other addictions
- Excessive energy/ hyperactivity
- Increased Irritability
- Worry/Anxiety
- Anger
- Anxiety/Panic Attacks
- Avoidance/Procrastination
- Dissociation
- Hearing voices
- Paranoia/suspiciousness
- Intrusive thoughts of harming self
- Intrusive thoughts of harming others
- Other distressing intrusive thoughts
- Compulsion to engage in rituals or checking

**Outline any issues with sleep:** \_\_\_\_\_

**Outline any issues with diet:** \_\_\_\_\_

**Outline any issues with addiction:** \_\_\_\_\_

**What are your yoga goals/ what would you like help with?**

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