Shakti Yoga

Student Information Form

Any information you provide is voluntary and will be considered confidential. This information will help us to gain an understanding of your health concerns in order to know what will be most appropriate and beneficial for you in class.

PLEASE PRINT CLEARLY

Name_____Date_____

Phone/Cell_____

Address_____

City_____State_____Zip_____

Email_____

SUNY Student yes___ no___ If yes, year of graduation_____

Students have various intentions for taking class. Maybe you'd like to feel more flexible. Maybe you want more peace of mind. Your reasons can be physical, mental, emotional, spiritual or all of the above. What is your intention for taking classes?

Please check each area that applies to your health concerns:

__Asthma	__Eyes	__Insomnia	__Prolonged Illness
__Ankles/Feet	__Fertility	__Kidney Conditions	__Prostate
__Anxiety	__Fibromyalgia	__Knees	__Recent Surgery
__Auto-Immune System	__Gastrointestinal	__Liver	__Sedentary
__Arthritis	__Headaches	__Lower Back	__Sciatica
__Bladder	__Heart Condition	__Low Blood Pressure	__Scoliosis
__Carpal Tunnel	__Heel Spur	__Menopausal	__Shoulders
__Chronic Fatigue	__High Blood Pressure	__Multiple Sclerosis	__TMJ
__Depression	__Hips/Legs	__Neck	__Thyroid
__Dizziness	__HIV Related	__Osteoporosis	__Wrist/Hand
__Other*	__Hypoglycemia	__Plantar Fasciitis	

***Other conditions (e.g. surgeries, injuries, medications, etc.):**

***Forms of exercise you participate in (both currently and in the past):**

***Your occupation (optional):**

*** How did you hear about us?**

We welcome and thank you for choosing Shakti Yoga to explore your body, mind & heart.

Disclaimer: I understand that Shakti Yoga and their teachers do not claim to treat any of the conditions listed above. I release Shakti Yoga and all personnel from any liability that may occur as a result of the yoga program. I understand that yoga instruction is in no way intended as a substitute for medical counseling.

***Signature:* _____*Date:* _____**