GRACE REVOLUTION.
yoga + wellbeing

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Confidential Health Form & Disclaimer

Please complete this form. It will allow us to properly assess your personal needs, and to ensure your well-being and safety. This information is confidential and will not be used for any other purpose. If you have any questions, please feel free to ask.

Name _____

Phone _____

Email _____

General physical health & medical information

What is your age range? (Please tick)

❒ < 30	❒ 30-40	❒ 40-50	❒ 50–60	❒ 60-70	❒ >70

Please describe your present state of health.

_____

_____

Are you pregnant (if applicable)? If so, how many weeks?

_____

Please tick any of the following that apply to you.

❒ Anxiety	❒ Hernia	❒ Ailments of lungs	*What type?*
❒ Asthma	❒ Hypoglycemia	❒ Allergies	*What type?*
❒ Depression	❒ Insomnia	❒ Arthritis	*Where?*
❒ Diabetes	❒ Intestinal disorders	❒ Back pain	❒ *lower* ❒ *middle* ❒ *upper*
❒ Difficulty with balancing	❒ Neck Pain	❒ Blood pressure	❒ *high* ❒ *low*
❒ Epilepsy	❒ Sleeping issues	❒ Knee issues	❒ *left* ❒ *right*
❒ Exhaustion	❒ Stress	❒ Recent surgery	*What type?*
❒ Glaucoma	❒ Ulcers	❒ Shoulder issues	❒ *left* ❒ *right*
❒ Heart issues	❒ Varicose veins	❒ Other	*List*

Explanations of any sensitivities, condition or pain

Have you been involved in, or suffered from, any recent or past accident or injuries?

Are you taking long term medication? If so, what is the name of the medication? Do you experience any side effects?

Please mention in detail any other health or medical condition that you believe may be important.

Please describe your main objective(s) in attending a regular yoga class.

Disclosure

Please consult your doctor prior to attending yoga class if you require special attention, have undergone any form of surgery or are using heavy medication.

Disclaimer

The undersigned acknowledges the inherent risks associated with yoga and any physical exercise, they accept those risks and enter into the classes and clinics freely of their own decision so that they will hold no-one (including Grace Revolution and all staff) to blame for any injury, whether physical or mental, arising out of the attendance at the classes or therapy session, associated exercises and following of any printed literature and use of the premises.

Signature _____

Date _____

Please let us know how you heard about Grace Revolution.