

Sunflower Bodyworks

Yoga Class Health Assessment and Data Form

Name: _____ Date: _____

Email address: _____ Phone #: _____

Date of first class: _____

Day of the week and TIME of first class: _____

Payment: ___ Check (payable to Sunflower Bodyworks) ___ Credit Card

Visa or Master Card # _____

Expiration Date and 3-digit verification code (on back of card) _____

Your zip code: _____ Signature: _____

Please describe any injuries or surgeries in the past 5 years (use additional paper if necessary):

Do you have, or have you had in the past 5 years:

- Arthritis _____
- Back pain _____
- Cancer _____
- Chronic fatigue syndrome _____
- Chronic pain/fibromyalgia _____
- Diabetes _____
- Glaucoma _____
- Headaches _____
- Hearing loss _____
- Heart disease _____
- Hernia _____
- Hypertension _____
- Osteoarthritis _____
- Osteoporosis _____
- Respiratory problem _____
- Sciatica _____
- Seizure disorder _____
- Tendon/ligament/cartilage tear _____

Please describe any other relevant health or medical conditions below:

Please ask any questions or voice any concerns that you have about participating in Yoga classes:

Please contact me with any concerns you would like to discuss regarding participation in a yoga class. I can be reached by email: kathleen@sunflowerbodyworks.com, or by phone: 240-277-2745.