

Core YOGA Studios

“Yoga for Living”



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PERSONAL LIFESTYLE PROFILE STRICTLY CONFIDENTIAL

DO YOU EXPERIENCE ANY OF THESE SYMPTOMS?

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Back ache | <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Tension | <input type="checkbox"/> Stress | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Chronic fatigue | <input type="checkbox"/> Fibro myalgia | |
| <input type="checkbox"/> Heart Condition | | <input type="checkbox"/> High/low blood pressure | |

WHAT OUTCOMES DO YOU HOPE FOR?

- Improved ability to manage stress & relaxation
- Rehabilitation
- Increased strength & flexibility
- Concentration & increased postural awareness
- Meditation
- Improve lifestyle
- Other: _____

NAME:.....

ADDRESS:

.....

PHONE: H).....M).....

DATE OF BIRTH:.....

OCCUPATION:

KEEP UP TO DATE If you would like to be kept informed on class updates, future Yoga Days, Workshops & Retreats, please include your email address:

EMAIL: _____

BRIEF MEDICAL HISTORY:

Do you have any medical problems or conditions, recent illnesses or injuries, any surgery and any other factors you want considered?

Pain present? Y / N

Where in body? _____

This studio has always valued & protected our client's privacy & confidentiality. We require your consent to collect personal information about you due to an amendment of the Privacy Act, effective December 2001. Please read this form carefully & sign where indicated below so that we may continue to provide you care. This studio collects information from you for the primary purpose of providing quality health care. We require personal details & your medical history so we may be proactive in your health care needs.
 No responsibility can be taken for injuries from, or as a consequence of your participation in these classes. It is your responsibility to advise of any pre-existing medical condition & to consult with your medical practitioner for their approval.
 Please notify your teacher if you feel any discomfort during class.

Thank you for taking the time to fill this in.
 The team at Core Yoga Studios

SIGNATURE: _____ **DATE:** _____

DIRECTORS' SIGNATURE: _____

How did you hear about us?

Flier / Poster / Friend / Yoga Instructor / Mag / Yellow Pages
 / Web / News Paper / Gym / Other: _____