



HEALTH PROFILE – INFORMED CONSENT

It is important that you fill out this form completely. You cannot be compelled to divulge this information, but we request it for your own safety and benefit. We may be able to help you in relieving certain conditions – but only if you tell us about them! We certainly don't want to make anything worse.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

YOUR AGE: _____ TODAY'S DATE: _____

CLASS AND LOCATION: _____

Note: The health information obtained below and while you are a participant in Bette Phelan or Peggy Morgan's yoga classes will be treated as privileged and confidential. It will not be released without your written consent.

YES NO (If YES, please give detail on back of this page)

- ____ ____ Are you Hard of Hearing?
- ____ ____ Do you have a Heart Condition? Please give details.
- ____ ____ Do you have a Lung/Breathing Condition? How bad?
- ____ ____ Do you have High Blood Pressure? If taking medication, indicate on back.
- ____ ____ Do you have Pain/Discomfort in your Back? What part? Hips? Scoliosis, etc.?
- ____ ____ Do you have Pain/Discomfort in your Neck/Shoulders? Please indicate any spinal surgeries.
- ____ ____ Do you have Knee problems? Please indicate whether left or right.
- ____ ____ If YES, please circle: Arthritis, Fibromyalgia, Lupus, MS, Immune Disorders.
- ____ ____ If YES, please circle: Pregnant or Post-partum. How many months?
- ____ ____ If YES, please circle: Detached or Torn Retinas, Glaucoma
- ____ ____ If YES, please circle: Hiatus Hernia, Ulcer

Some yoga postures are not safe for certain medical conditions. Please indicate *anything else* that might impede your functioning – such as , Carpal Tunnel Syndrome, T.M.J., Incontinence, Sinus problems or Migraines, Brain or Learning Disorders, Muscular Dystrophy, etc. Also, many **medications** can impair your balance or ability to concentrate. Don't worry; these will not bar you from taking class. But, we need to know about them so we can serve your needs.

Inherent in any exercise program is the risk of injury. You will be instructed on how to use safe techniques to avoid injury, and it is important that you learn these techniques and incorporate them into your practice. Since many individuals are unaware of the state of their health, it is recommended that you consult your physician before engaging in any physical education classes.

I understand the importance of having physical exam prior to participating in this program, and I have elected TO / NOT TO (please circle one) have an exam.

I acknowledge my understanding of the risks connected with physical exercise programs, and I agree to assume full responsibility for any injuries sustained in the course of this class.

Signature of Participant: _____ Date: _____