Samantha Fox

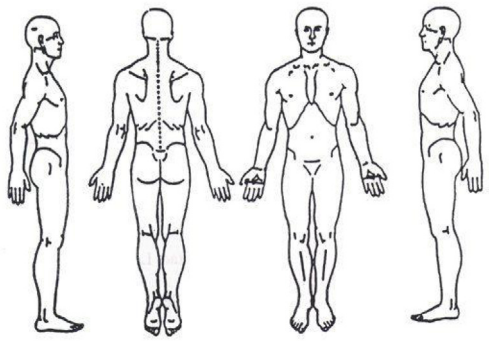
Sam Fox Flow Yoga Health Form and Waiver

Name:_____ Date:_____ DOB:_____/_____/_____
Street Address:_____ City:_____ State:_____ Zip:_____
Cell Phone: (_____) _____-_____ Email Address:_____
Emergency Contact Name:_____ Emergency Contact Phone #: (_____) _____-_____
How did you hear about us?_____
Are you on any form of medication? ☐ Yes ☐ No Please list:_____
Are you presently under the care of a medical doctor or health practitioner? ☐ Yes ☐ No
Have you practiced yoga before? ☐ Yes ☐ No If yes, which style(s) of yoga and how often?_____
What style(s) of yoga interests you? ☐ Ashtanga ☐ Hatha ☐ Restorative ☐ Vinyasa ☐ Restorative ☐ Yin
Do you have any restrictions in movement? (please describe)_____
Describe your usual physical activity level. ☐ Sedentary ☐ Lightly Active ☐ Moderately Active ☐ Very Active

Please indicate any of the following that apply to you:

☐ Autoimmune disease
☐ Allergies/sinus
☐ Aneurysm
☐ Arteriosclerosis
☐ Arthritis
☐ Back pain
☐ Cancer
☐ Clicking/ Popping Ears/ Jaw
☐ Constipation
☐ Depression/anxiety
☐ Diabetes
☐ Digestive problems
☐ Dislocation
☐ Fractures
☐ Headaches
☐ Heart disease
☐ Hemophilia
☐ Hernia
☐ Hepatitis A/B/C
☐ High/low blood pressure
☐ Joint problems
☐ Kidney/ Bladder
☐ Liver/ Gallbladder
☐ Menstrual problems
☐ Open wounds/ cuts
☐ Osteoporosis
☐ Phlebitis (DVT)
☐ Pregnancy
☐ Recent surgery
☐ Skin disease
☐ Stroke/TIA
☐ Tooth/ Jaw pain
☐ Varicose veins
☐ Other: _____
_____
_____

Please indicate any areas of pain by circling them on the diagram below.



Does anything intimidate you about practicing yoga? If so please explain. (This is a judgement free zone!)_____
_____

Consent for Yoga

By signing this form it is understood that the Yoga is for relaxation and that it is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. I have informed my instructor about my state of health and I have transmitted any recommendations and restrictions on the part of my medical doctor or therapist insofar as yoga is concerned.

Signature:_____ Date:_____