



MOON TRIBE YOGA

YOGA THERAPY STUDENT RECORD

Date of first consultation: _____ Yoga Therapist: _____

General Details

Name: _____ Age: _____

Male/Female: _____ Height: _____

Occupation: _____ Weight: _____

Marital Status: _____ Phone Number: _____

Home Address: _____

Email: _____

No. of Children and Ages: _____

Previous exposure to yoga: _____

Reasons for coming to yoga therapy: _____
(list present health problems / conditions/ expectations)

General Health Details

Appetite: Normal / Reduced / Increased

Sleep onset: Good / Disturbed

Sleep continuity: Good / Disturbed

Bowel Movement: Regular / Irritable / Constipated / Irregular

Energy Level: Excellent / Good / Moderate / Poor / Very poor

Relaxation: Always relaxed / Mostly relaxed / Sometimes relaxed / Not at all relaxed

Stress Level: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
(1=no stress, 10=overwhelmingly stressed)



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Emotional stability: Always stable / Mostly stable / Sometimes stable / Not at all stable

Attention/Concentration: Highly focused / Moderately focused / Mildly focused / Not at all focused

Confidence: Always confident / Mostly confident / Sometimes confident / Not at all confident

Motivation and enthusiasm for activity: Excellent / Good / Poor / Very Poor

Relationship with others: Excellent / Good / Moderate / Poor / Very Poor

Other Comments

FOR WOMEN

Menstrual Cycle: Regular / Irregular

Comments: _____

Conception: Easy / Challenging

Comments: _____

Pregnancy: How many pregnancies? _____

Childbirth/Delivery: Vaginal / Caesarean

Comments: _____

Post natal:

Experience physically: _____

Experience mentally and emotionally: _____

Comments: _____

Peri-menopause / Menopause:

Comments: _____



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Health History

Family Illness History

Father: Father: Asthma / Obesity / Arthritis / High BP / Diabetes / Cardiac Problems

Others _____

Mother: Father: Asthma / Obesity / Arthritis / High BP / Diabetes / Cardiac Problems

Others _____

Illness History

Please list any prior surgeries or illnesses including the date of occurrence

Medication History

Alternate Healthcare / Regular Doctor: _____

Current medication/s	Dosage	Duration	Regular/Irregular
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments (side effects from medications): _____



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Daily Activities/Routine

Exercise Frequency and Type:

Nutrition – example of daily diet:

Hobbies or Activities Enjoyed:

Lifestyle Goals:

Perceived Obstacles to Achieving Goals:



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MOON TRIBE YOGA WAIVER & RELEASE FORM

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical

condition to participate in such a fitness program, if required. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Moon Tribe Yoga and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and Moon Tribe Yoga are not in any way responsible for any loss or damage of your personal property.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Signed: _____

Printed name: _____

Contact Details: _____

Disclosed pre-existing injuries or illnesses: _____

Dated: _____

Emergency Contact Number: _____

Witness Name and Signature: _____

Dated: _____