

*Island Yoga Injury Questionnaire

YOGA THERAPY QUESTIONNAIRE This a comprehensive form; a therapeutic yoga practice is designed to address your health on many levels: physical, energetic, mental, and emotional. Do your best to complete the form; please know that strict confidentiality is maintained and your answers are not shared with others.

1. What do you hope to get out of your personal Yoga session (mark all that apply): Postural instruction Stress Relief Joint Health Increased Body Awareness Pain Reduction Flexibility Improved sleep Personalized practice tips Other:
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HEALTH HISTORY:

Using the check boxes, please indicate your current and previous health conditions. Please list medical diagnoses, surgeries, accidents, and/or injuries and include approximate date in the comment box:

Spinal concerns/scoliosis (including back pain, please indicate severity of pain and location, if known)

Shoulder pain/replacement (left) (right) (bilateral)

Arm/wrist injury (left) (right) (bilateral)

Hand pain/injury (left) (right) (bilateral)

Respiratory conditions

Arthritis (indicate type and location, if known)

Migraines (indicate frequency and severity)

Post-concussive syndrome

Vertigo

Balance issues

Cancer

Autoimmune disorders

Hip pain/replacement (left) (right) (bilateral)

Knee pain/replacement (indicate type of condition or injury such as meniscal tear, ACL injury)
(left) (right) (bilateral)

Labral tear/injury (left) (right) (bilateral)

Pregnancy

Ankle pain

Feet and toe conditions (indicate type of condition or injury such as gout, arthritic conditions,
etc.) (left) (right) (bilateral)

Autoimmune conditions

Lymphedema

Parkinson's Disease

Multiple Sclerosis

Prostheses (please indicate) (left) (right) (bilateral)

Car accidents or other injuries

Visual impairments

Blood pressure

Heart conditions/pacemaker

Diabetes

Epilepsy

Ear conditions

Other (please indicate)

3. Are there any other health problems or life challenges that you wish to share?

We are not medical professionals so this questionnaire is not a replacement for a physician's guidance. Outlining any conditions and injuries can help us get a better understanding of how to create a better class experience for you, if yoga is cleared by a medical professional as an appropriate activity for you.

RELEASE AND INDEMNITY AGREEMENT: I hereby release Island Yoga HHI LLC and all its employees from all claims that may be sustained while attending this session, and I agree to indemnify Island Yoga HHI LLC and its employees for any claim which may hereafter be presented as a result of such injuries.

Electronic Signature

Date
