Yoga Therapy Health Declaration Form
With Esther Jones Yoga

Please complete and submit this form, all information given is strictly confidential: (brief answers are fine)

Name: .....

DOB: .....

Occupation(s) past/present:

.....

Email: .....

Phone No: ..... / .....

Emergency Contact/Relationship:

Name: .....

Relationship: .....

Phone No: ..... / .....

How did you hear about Esther Jones Yoga?

……

Yoga Therapy

What conditions are you interested in yoga therapy for?

……

……

Please list in order of priority to you:

……

……

Do you have previous yoga experience? If yes, please describe:

……

……

What benefits do you hope to get from Yoga Therapy?

……

……

Previous Treatment(s)

Have you seen, and/or are you currently seeing any practitioner(s) including complementary:

……

……

Are you currently taking any medication, herbs, or supplements:

……

……

Have you had time off work for this condition:

……

HEALTH STATUS – Please circle, highlight answers, or delete non-relevant:

Energy Level: Good / Moderate / Poor
Appetite: Good / Moderate / Poor
Approximate Weight:……
Sleep Quality: Good / Moderate / Poor
Sleep Onset: Fast / Takes time / erratic
Do you drink caffeine? Yes / No
How many cups a day? ……

Exercise type & frequency:……

……

Bowel Movement: Good/ Moderate / Poor

Typical Diet:……

……

Mealtimes: Breakfast / Lunch / Dinner

Do you drink alcohol? ……

How many units per week?……

Do you smoke? Yes / No **How many a day?** .....

WOMEN ONLY

Menstruation: Normal / Peri/Menopause / Problematic
Do you have children? Yes / No
Ages of children? .....
Are you/could you be pregnant? Yes / No

HEALTH

Chronic Disease(s):

.....

Blood Pressure: High BP / Low BP

Headaches / Migraines: Yes / No **Frequency?** .....

Hip / Knee Replacement(s): .....

Muscular / Joint Pain/ Discomfort: .....

Back Pain/Discomfort: (please describe):

.....

Stiffness / Numbness / Pins & Needles? .....

FAMILY MEDICAL HISTORY

Please list any chronic health conditions:

Mother: .....

Father: .....

Grandparent(s): .....

Sibling(s): .....

Please list any previous or current Surgeries:

.....

Accidents/ injuries:

.....

Illness:

.....

Mind & Emotions

Worry/ Anxiety/ Stress/ Depression/ Hyperactive/ Irritability/ other (describe):

.....

Is there anything further I need to know about your health? If yes, please give details:

.....

What areas of yoga would you like to develop further?

Asana / Pranayama/ Meditation / Yoga Nidra / Philosophy / Other

Would you be keen to attend?

Yoga Workshop / Yoga Weekend / Retreat

If yes, do you have a preferred time of year? .....

Isle of Man / UK / Abroad

Disclaimer:
Liability release *I understand that yoga therapy includes physical movements as well as an opportunity for relaxation, stress re-education, relief of muscular tension, and pain management. As is the case with any

physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the therapist.

Yoga Therapy is not a substitute for medical attention, examination, diagnosis, or treatment if you have any concerns please see your GP before beginning your programme.

No prior experience is necessary before undergoing programme. Yoga Therapists do not claim to supersede medical treatments, but to complement them.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Esther Jones or the facility where the class is held.

The above information is correct, and I am willing to provide further information in follow up sessions if necessary.

Signature: .....

Print: .....

Date: .....

CNHC REGISTERED
Complementary & Natural Healthcare Council
professional standards authority
accredited register