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Certified Yoga Therapist
Curvy Yoga Certified

Name: _____ Date: _____

This is your personal health and fitness history questionnaire. All responses are completely confidential and used solely for the purposes of ensuring your personal safety, well-being and optimal benefit during your yoga sessions.

Date of birth:

Address:

Preferred phone number:

Email:

Profession/Occupation:

Emergency contact name:

Emergency contact preferred phone number:

Please describe a typical day and/or week with regards to:

1. Your work activities – including lifting, sitting, standing, computer work.

2. Your exercise activities – what do you do and how often?

3. Your stress level.

4. Your relationship to your body – how you feel about it now, as well as how you've felt about it in the past.

Personal health history & concerns

Please describe anything you think would be relevant to your class experience (i.e. past or current injuries, surgeries, joint replacements, vertigo, untreated glaucoma, pain, pregnancy...)

General questions regarding your yoga practice

1. Have you ever taken yoga classes before, either in a gym, yoga studio or privately?

2. If so, what did you like about it? And/or not like about it?

3. What do you hope to gain through your yoga practice?

4. Anything else you would like to comment on?

Thank you for filling out this form to the best of your knowledge and ability! Your answers will be kept private and confidential