

## My 121 Yoga Registration Form

Name:  
D.O.B:  
Email:  
Phone:



Address:  
Post Code:

How did you hear about me? (*Referred by*):

Contact in emergency:  
GP name and address:

### **What do you want to improve?**

Give a description of your present goals, body, mind and emotions:

THIS INFORMATION IS CONFIDENTIAL, ONLY FILL OUT WHAT YOU FEEL IS RELEVANT TO OUR SESSIONS, THE BIGGER PICTURE I GET FROM YOU THE BETTER I CAN USE MY TOOLS.

Give a description of your previous medical history  
*i.e. childhood illnesses, major illness, accidents, surgery, epilepsy, allergies*

Do you have a family history of illness?  
*i.e. Diabetes, Heart disease, Asthma..?*

Are you currently taking any supplements and/or medication?  
*(give details) i.e. antibiotics, the pill, etc., vitamins*

## **Your muscular system**

Do you suffer from discomfort *due to lack of flexibility, stability or strength?*

NO Yes (give details)

Do you have any problems with your joints?	NO	Yes (details)
Have you had any serious accidents?	NO	Yes (details)
Do you suffer any undiagnosed pains?	NO	Yes (details)
Do you have any loss of functions?	NO	Yes (details)

## **Your Nervous System**

Do you suffer from headaches?	NO	Yes (details)
Do you suffer from any numbness or tingling?	NO	Yes (details)
Do you have any loss of sensations?	NO	Yes (details)

## **Respiratory system**

i.e. bronchitis, sinusitis, ear troubles, asthma, Colds, breathing habits, snoring:

NO Yes (details)

## **Reproductive system (female)**

i.e. irregular periods, PMT, menopause, HRT, pill, coil, other:

NO Yes (details)

Cycle in days?

Intensity 1<10

bleeding emotional distress physical discomfort other

How many pregnancies?

How many children?

## **Reproductive system issues (male)**

NO Yes (details)

General health issues and imbalances

Skin Health: NO Yes (details)

Hair health: NO Yes (details)

Nails health: NO Yes (details)

Gums health NO Yes (details)

Do you see a dentist regularly every six months? NO Yes (details)

Skin i.e. psoriasis, eczema

## **Your Cardiovascular System**

*i.e. fluid retention, tired legs, varicose veins, cellulite, kidney problems, Blood pressure, cholesterol* NO Yes (details)

Palpitations , short of breaths, feel dizzy NO Yes (details)

## **Your Gastrointestinal Tract**

*i.e. constipation, diarrhoea, bloating, wind, heartburn, liver/gall bladder, stomach, leeks...*

Have you ever completed a food intolerance test?

NO Yes (details)

How many bowel movements per day do you have normally?

Do you suffer from acidity or indigestion?

NO Yes (details)

## **Eating habits** – How do you refuel?

Would you like to do a food diary to see what is your actual intake and how you feel?

NO Yes (do you prefer an app or a printed format)

Do you eat with attention?

Yes No if No, what typically distracts you while you are eating?

## **Quick peek into your habits:**

How many meals a day do you eat?

How often of the following item do you consume in a typical week:

processed food:

take away:

cook from fresh:

added salt: never add to most meals rare

meat:

poultry:

fish:

other protein?(vegetarian):

dairy:

vegetables:

fruit:

chocolate:

sweets:

savoury snacks:

Are you or have you been following any diets

( vegan vegetarian, high protein, 2/5....? )

NO Yes (details)

How many cups/glasses of the following do you drink a day?

water:

fruit juice:

herb teas:

builders tea:

coffee:

fizzy drinks:

alcohol (units):

cigarettes:

### **What is your occupation?**

Do you see day light in the work place?

Posture you use most:

seated,standing,walking driving active and varied, other:

Do you wear glasses or contacts?

NO Yes (give details)

Time in hrs./day:

Time spent on the computer                      typing              reading              leisure

Hand writing:

crafting with hands:

full body involvement- physical work:

Driving:

### **Your emotions and ability to relax:**

**Are you in a relationship?**

NO Yes (details optional)

Length:

Strength:

Areas to grow in:

Please describe your stress levels (1<10)

at home:

in the relationships:

at work:

Do you take time for yourself? NO If Yes, how many hours per day?

What are your hobbies: (order in which recharges you most ):

Do you have other coping strategies to switch off ( alcohol, drugs...)

NO Yes (give details)

**Emotional body:**

*Do you suffer any i.e. migraine, tension, stress, depression, anxiety, trauma...*

NO Yes, How is this effecting your life?

**Sleep patterns**

Describe your sleep patterns:

How many hours of sleep on average do you get?

Do you wake up rested? Yes NO (details)

Do you have an energy dip in the day? NO Yes (details)

Do you recall dreams? NO Yes (details)

Do you have nightmares? NO Yes (details)

Are you receiving any other treatment or therapy?

No Yes (details)

Have you done Yoga before?

NO Yes (give details) which style:

How often did you practice?

Are you happy to practice at home and build Yoga and other routines into your life?

What time of the day would be best for 15 min. of Yoga practice? (Morning/Afternoon/Night)

And finally... Is there anything you would like to add that I haven't asked?

Is there anything you would like to ask?

Are you happy to sign the waiver attached at arrival at your first class?

YES NO ( Give reasons )

\_\_\_\_\_Name \_\_\_\_\_Date

## **Waiver, Release of Liability, and Assumption of Risk Agreement to Participate**

**Please read the following carefully, sign and date at the bottom.**

This is part of our standard procedure, one common to many yoga studios. Thank you for taking the time to do this.

- In consideration of being allowed to participate in yoga classes and personal development, events and activities With my121Yoga, I agree to waive my rights to ordinary negligence issues, understanding that yoga includes physical exercise and movements as well as an opportunity for relaxation, stress reduction 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 by the teacher.
- I understand that it is my responsibility to advise my teacher/coach of any physical conditions which may limit my participation in exercise to work within my limitations.
- If I experience any pain or discomfort, I will stop, breathe and listen I ask for an adjustment to the posture, and advise and ask for support from the teacher. I will continue to breathe smoothly.
- Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga practice and/or specific poses are not recommended and are not safe for individuals with certain medical conditions.
- I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation.
- I affirm that I alone am responsible to decide whether to practice. I have no medical condition which would prevent me from taking part 1-2-1, classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation.
- I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against my121Yoga, owners, officers, directors, instructors, sponsors, and other participants, and the owners, lessor, and lessees of the premises as a result of my participation in any my121Yoga sessions, classes, events or activities.
- I hereby agree and covenant not to make a claim against, sue or attach the property of my121Yoga or any of its affiliated organizations or above mentioned parties.
- **I understand that a 24hr cancellation notice is required and in failing to give that notice it shall result in full charge of the session value.**
- I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

\*By registering for classes at My One on One, all students agree to the terms and conditions of the preceding Waiver, Release of Liability, and Assumption of Risk Agreement to Participate.

Please sign and date before your first class \_\_\_\_\_