

Inner Wisdom Registration – Student Information

Please fill out every item neatly and clearly giving thought to your words. Thank You

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

New Student Yes No If no, how many years have you studied Iyengar Yoga? _____

Occupation _____ Date of Birth _____ Sex M F

Please check areas of concern regarding your health. Write pertinent details below or on the back of this sheet (such as when it started, what your symptoms are, etc.)

- | | | | |
|---------------------------|-----------------------------|----------------------|---------------------|
| ? Allergy | ? Dizziness | ? Kidney | ? Pregnancy |
| ? Asthma | ? Eyes | ? Knees | ? Post-partum |
| ? Ankles/Feet | ? Gastrointestinal disorder | ? Liver | ? Prolonged illness |
| ? Anxiety | ? Headache | ? Lower back | ? Prostate |
| ? Arthritis | ? Heart condition | ? Low Blood Pressure | ? Recent Surgery |
| ? Auto-immune Dysfunction | ? Heel spur | ? Menopausal | ? Sedentary |
| ? Bladder | ? High Blood Pressure | ? Menstrual problems | ? Sciatica |
| ? Carpal Tunnel | ? Hips/Legs | ? Multiple Sclerosis | ? Scoliosis |
| ? Chronic Fatigue | ? HIV-related | ? Neck | ? Shoulders |
| ? Diabetes | ? Hypoglycemia | ? Osteoporosis | ? Thyroid |
| ? Depression | ? Insomnia | ? Plantar fasciitis | ? Wrist/Hand |

Please describe conditions not listed above or elaborate on those checked _____

List medications, remedies, and supplements used _____

Have you used? (Circle answers): Acupuncture Chinese Medicine Chiropractic Massage

Deep Tissue Therapy Physical Therapy Psychotherapy Homeopathic Medicine

Have you ever been in a car accident or had a traumatic injury? Yes No If yes, what year? _____

I am in good general health and feel physically capable and ready to engage in physical yoga movement. I recognize the potential risk inherent in any physical exercise and take responsibility for determining my own level of participation based on my body's responses.

Signature _____ Date _____

How did you hear about us? Phone Book ___ Flyer ___ Friend ___ Internet ___ Newspaper ___ Other _____