

**Bamboo Asana Yoga Participant Information Sheet.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your replies to the following questions will help us adapt the yoga exercises to your individual needs. All information is confidential.

1. How much and what kind of exercise do you do in an average week?

\_\_\_\_\_

2. Have you studied yoga before? What style and for how long?

\_\_\_\_\_

3. Do you practice any form of meditation? \_\_\_\_\_

4. Check any area where you have pain, problems, or limitations:

Neck	_____	Shoulders	_____	Upper Back	_____
Mid Back	_____	Lower Back	_____	Hips	_____
Knees	_____	Ankles/Feet	_____	Other	_____

5. Please list all other physical conditions, limitations, concerns, or injuries

\_\_\_\_\_

6. Name and telephone number of person to be contacted in an emergency

\_\_\_\_\_

8. Is there anything else you would like me to know for the purposes of teaching you yoga?

\_\_\_\_\_

9. For Women: Have you had a child within the last three months? \_\_\_\_\_  
Are you pregnant? \_\_\_\_\_

10. What do you hope to gain by taking this class?

\_\_\_\_\_

11. How did you learn about Bamboo Asana Yoga?

\_\_\_\_\_

12. If you were referred by a health care practitioner, what is their name?

\_\_\_\_\_