



True Yoga
within Healing Hands Chiropractic

Student Registration Form

Your Information:

Name: _____ DOB: _____

Parent / Guardian Name (*if student is under 18*): _____

Mailing address: _____

Phone: (home) _____ (cell) _____

Email: _____

How would you prefer to be contacted (phone or email)? _____

Emergency Contact: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Occupation: _____

Hobbies / Interests: _____

How did you hear about us? _____

Have you taken a yoga class before? If yes, what type of yoga? How long ago?

What are your current goals for your physical and emotional health? What do you hope to gain from the experience of yoga?

Your Health:

Are you currently pregnant or trying to conceive?

Please list any medications or supplements you currently take:

Please list any other holistic health practices you currently use (acupuncture, chiropractic, reflexology, reiki, tai chi, therapeutic massage, etc.):

Please circle any of the following which you experience. *All answers are kept strictly confidential.*

- | | | |
|-----------------------|---------------------|-------------------------|
| Adrenal Disorders | Frequent Headaches | Low Back Pain / Surgery |
| Anxiety | Fertility Problems | Menstrual Problems |
| Asthma | Heart Disease | Sciatica |
| Auto-Immune Disorders | High Blood Pressure | Scoliosis |
| Chronic Fatigue | Hyperthyroidism | Uterine Fibroids |
| Depression | Hypothyroidism | |
| Diabetes | Neck Pain / Surgery | Other (please specify): |
| Digestive Problems | Knee Pain / Surgery | <hr/> |
| Endometriosis | Low Blood Pressure | <hr/> |