



Body-Mind Wellness at 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

Endometriosis

Low Blood Pressure
