



**P: 0407 206 010 Ella @ FIELDS OF YOGA**

**Studio Address: 13 Highett Street @ The Space**

**Mansfield Victoria, 3722**

**W: [www.fieldsofyoga.com.au](http://www.fieldsofyoga.com.au)**

**FB: FIELDS of YOGA Mansfield**

## **NEW STUDENT CONFIDENTIAL FORM**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**TOWN/SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **P/CODE** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- This information is used to inform you of any timetable changes, news and events and will not be forwarded to any third parties

**EMERGENCY CONTACT NAME & NUMBER:** \_\_\_\_\_

**How did you hear about FIELDS OF YOGA?** \_\_\_\_\_

**Have you practiced YOGA before YES/NO** \_\_\_\_\_

- If yes, please provide details of the type of class and how long/often you practiced?

\_\_\_\_\_  
\_\_\_\_\_

- What brought you to YOGA? Postures/Meditation/ Chanting/time to you

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:** I am participating in yoga classes and workshops offered by Fields of Yoga which I will receive information about Yoga, meditation and health. I recognise that yoga requires physical exertion that may cause physical injury and I am fully aware of the risks involved. I agree to check with my doctor or therapist if I have any difficulties or concerns about taking part in a class. I agree to advise the teacher of any medical conditions I may have and if those conditions change at any time.

I agree to take full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in a practice. I voluntarily and expressly waiver any claim I may have against Fields of Yoga for injury or damages that I sustain as a result of participating in a YOGA practice.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEALTH QUESTIONS:**

**Do you have any of the following? If YES, Please provide details:**

<b>HIGH BLOOD PRESSURE</b>	<b>NO/YES</b>	_____
<b>LOW BLOOD PRESSURE</b>	<b>NO/YES</b>	_____
<b>HEART DISEASE</b>	<b>NO/YES</b>	_____
<b>ARTHRITIS</b>	<b>NO/YES</b>	_____
<b>DIABETES</b>	<b>NO/YES</b>	_____
<b>EPILEPSY</b>	<b>NO/YES</b>	_____
<b>ASTHMA</b>	<b>NO/YES</b>	_____
<b>DEPRESSION</b>	<b>NO/YES</b>	_____
<b>IBS</b>	<b>NO/YES</b>	_____
<b>THYROID ISSUES</b>	<b>NO/YES</b>	_____
<b>ADRENAL FATIGUE</b>	<b>NO/YES</b>	_____
<b>DO YOU SMOKE?</b>	<b>NO/YES</b>	_____
<b>EYE PROBLEMS</b>	<b>NO/YES</b>	_____
<b>MENOPAUSE</b>	<b>NO/YES</b>	_____
<b>RECENT SURGERY</b>	<b>NO/YES</b>	_____
<b>ENDOMETRIOSIS</b>	<b>NO/YES</b>	_____
<b>MIGRAINES</b>	<b>NO/YES</b>	_____

**CURRENT or RECENT PREGNANCY** \_\_\_\_\_  
\_\_\_\_\_

**TRIMESTER STAGE** \_\_\_\_\_

**ANY OTHER KNOWN CONDITIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For the below questions, please indicate the location on the diagram provided and advise the teacher on the types of movement that cause pain:**

- |                          |               |       |
|--------------------------|---------------|-------|
| <b>Joint Pain</b>        | <b>NO/YES</b> | _____ |
| <b>Muscle Pain</b>       | <b>NO/YES</b> | _____ |
| <b>Back Pain</b>         | <b>NO/YES</b> | _____ |
| <b>Foot or Heel Pain</b> | <b>NO/YES</b> | _____ |

**Are there any conditions I should be aware of? Please circle on figure below:**  
**NO/YES** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

