YOGA COMPARTO

Name _____ Address _____

Email _____ Occupation _____

Birthday _____ Weight _____ Height _____

Please indicate if you have experienced any of the following health conditions:

- ❏ Blood clotting disorders
- ❏ Circulatory or heart problems
- ❏ Back or neck discomfort
- ❏ Any accidental injury
- ❏ Muscle cramping
- ❏ Digestive problems
- ❏ Respiratory problems
- ❏ Ulcers
- ❏ Diabetes
- ❏ Joints Pain
- ❏ High blood pressure
- ❏ Low Blood Pressure
- ❏ Headaches
- ❏ Past Surgeries
- ❏ Varicose veins
- ❏ Fainting spells or dizziness
- ❏ Numbness or tingling
- ❏ Insomnia

- ❏ Smoker
- ❏ Non-Smoker

Please list any medications that you are taking:

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Please list any supplements that you are taking:

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Allergies if any:

Please take time to thoroughly explain any of the above checked health conditions:

Do you perform any physical activities/ sport? If so, witch activities?

... and how often?

Do you sit for long hours at a workstation, computer or driving?

What level of stress are you experiencing most recently?
- ❏ Low
- ❏ Moderate
- ❏ High

How is regular Appetite?
- ❏ Low
- ❏ Moderate
- ❏ High

How is Bowl movements?
- ❏ Low
- ❏ Moderate
- ❏ High

How is sleeping quality?
- ❏ Average
- ❏ Good
- ❏ Bad

Daily water Intake?

- ❏ < 1 Liter
- ❏ 1 bis 2 Liter
- ❏ > 2 Liter

How does stress affect your life?

- ❏ Muscle tension
- ❏ Anxiety
- ❏ Insomnia
- ❏ Irritability
- ❏ Other

What is the primary reason or goal for being in this retreat?

Have you practiced Yoga/ Pranayama before? If so, which kind of Yoga?

_____

Have you practiced Meditation before? If so, which kind of Meditation?

_____

Are you familiar with any of these words?

- ❏ Yantra
- ❏ Hatha
- ❏ RajaYoga
- ❏ Kriyas
- ❏ Nada
- ❏ Patanjali

Will you please share your opinion/perception on Yoga if you have practiced before?

I the undersigned hereby declare that I have read and understood the medical and health questionnaire, and that all the answers to all the questions by myself: I declare that I have given full and correct information about my past and present medical condition.

Signature: _____   Place/Date: _____