

Yoga/MELT Registration, History and Consent Form

Name:

Address:

Home Phone: ()

Cell: ()

Email:

Emergency contact:

Age:

Occupation:

Current Health Condition:

List in the order of importance/degree any pain or dysfunction you feel in your body:

1.

2.

3.

No symptoms or painful issues currently _____

General Health Questions:

Current Weight _____

Current Height _____

General energy level on a scale of 1-10 (10 being optimal) _____

Average hours of sleep per night _____

Do you wake up feeling refreshed? _____

Do you have difficulty falling asleep? _____

Do you experience depression or anxiety? _____

Do you feel extreme stress or pressure on a daily basis? _____

Do you wake up at night to go to the bathroom? _____

Number of times you wake up _____

Do you smoke? _____

How long have you smoked? _____

Do you drink alcohol? _____

How often? _____

Do you drink coffee? _____

How much per day? _____

Do you drink soda? _____

How much per day? _____

Are you a vegetarian? _____

For how long? _____

Have you ever been in an accident? _____

Injuries sustained:

Do you have any large scars? _____

Where are your scars?

Do you eat animal proteins? _____

How many meals per day do you eat on average? _____

Do you exercise regularly? _____

Types of exercise:

How many children do you have? Ages? _____

Are you pregnant? _____

Have you had a C-Section? _____

Do you take any vitamins or supplements? _____

Would you be interested in a complimentary vitamin consultation? _____

Have you ever been diagnosed with:

_____ Heart Disease

_____ High Blood Pressure

_____ High Cholesterol

_____ Stroke

_____ Diabetes

_____ Seizures

_____ Thyroid Disease

_____ Arthritis/Joint Disease

_____ Allergies/Asthma

_____ Prolapsed Uterus

_____ Spinal Injuries

_____ Cancer

_____ Glaucoma

_____ Frequent Constipation

_____ Frequent Diarrhea

_____ IBS/Colitis

_____ Fibromyalgia

_____ Autoimmune disease

_____ Osteoporosis/penia

_____ Dizziness or Vertigo

_____ Prostate Issues

_____ Depression

OTHER: _____

Please read this paragraph and sign below. By signing you are agreeing that you have read and understand the following:

I understand that by participating in any activities, classes, workshops, or consultations with Edya Kalev, that I am undertaking a health and exercise regimen. I agree that I am in reasonably good health and/or that I have obtained my physician's approval to participate in this regimen. The teacher will instruct me in proper technique and give health and lifestyle recommendations, however, I understand that I am ultimately responsible for my own body and for following the instructions and recommendations ONLY to the extent I am able. I understand that the instructions and recommendations presented by the teacher are in no way meant to be a substitute for counseling from my healthcare professional. I will not hold the teacher liable for any injury or illness that may result, directly or indirectly, from taking part in this regimen or following these recommendations.

Signature: _____ Date: _____

Guardian's signature if under 18: _____