



ANASAKTI

YOGA ENROLMENT FORM

All information is confidential and is to help Anasakti help you. It will not be disclosed. If you have any doubt about your medical condition or the suitability of Yoga for you, please consult your doctor.

First Name:

Last Name:

Address:

.....

Telephone: Email:.....

Medical Conditions:

Please indicate if any of the following conditions apply to you.

- | | |
|---|--|
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Recent operation |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Serious illness |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recent injury |
| <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Are you pregnant? |
| <input type="checkbox"/> Do you have pain or limited movement in any joint? | |
| <input type="checkbox"/> Do you suffer from back problems eg lower back ache, sciatica, slipped disc? | |

Please write any other comments or related information (ie medication) here:

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Details of previous yoga practice:

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Why do you want to practise yoga and what do you hope to gain from it?

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What other physical activities do you take part in?.....

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Occupation: Date of birth:

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Signed: Date:.....