2300 Fall Hill Ave., Suite 211
Fredericksburg, VA 22401

Healing Arts Yoga Center

Confidential Health Registration Form

Phone: 540.371.4555
www.healingartsyoga.com

PERSONAL INFORMATION

NAME:	**TODAY'S DATE:**
ADDRESS:	**BIRTHDAY:** MONTH: DAY: YEAR:
CITY & STATE:	**ZIP:**
WORK PHONE:	**E MAIL:**
HOME PHONE:	**CELL PHONE:**

MEDICAL HISTORY (Circle Y or N for EACH item)

EMERGENCY INFORMATION	**PHYSICIAN:**			**RELATIVE or FRIEND:**			
	PHONE:			**WORK PHONE:**		**HOME PHONE:**	

CONDITION			WHEN:	CONDITION			WHEN:	CONDITION			WHEN:
ADD / ADHD	Y	N		Epilepsy / Seizures	Y	N		Mental Illness	Y	N	
Allergies / Asthma	Y	N		Feet/Toes:Cond/Surg	Y	N		Migraine / Headache	Y	N	
Anemia	Y	N		Fibroids: Cond / Surg	Y	N		Neck: Cond / Injury	Y	N	
Anxiety	Y	N		Fibromyalgia	Y	N		Osteoporosis	Y	N	
Arthritis: Osteo/Rheu	Y	N		Fluid retention	Y	N		Parkinson's	Y	N	
Blood Pressure:Lo/Hi	Y	N		Fractr / Broken Bone	Y	N		Pregnant Now (due date)	Y	N	
Breathing Condition	Y	N		Heart: Diseas/Surg	Y	N		Shoulders: Injury/Condition	Y	N	
Bronchitis	Y	N		Hernia	Y	N		Sleep Condition	Y	N	
Cancer	Y	N		Hip: Injury/Surgery	Y	N		Spinal:Injury/Stenosis/Surg	Y	N	
Chronic Fatig Syndrom	Y	N		HIV positive	Y	N		Stroke	Y	N	
Colitis	Y	N		Hypertens/NervCond	Y	N		Thyroid:Hypr/Hypo/Surg	Y	N	
Depression:Clin/Seas	Y	N		Hystorectomy	Y	N		TMJ	Y	N	
Diabetes	Y	N		Knees:Injury/Surgery	Y	N		Ulcers	Y	N	
Ears:Hear/Inner/Tnits	Y	N		Lupus	Y	N		Varicose veins	Y	N	
Elbows: Cond / Surg	Y	N		Menopause/PMS	Y	N		Wrist/Hand: CarpelT/Surg	Y	N	

Explain or list other diseases/illnesses/conditions within the past 5 years:
Explain or list other injuries not listed above within the past 5 years:
Are you under a physicians care & why? (list medications)

WISH LIST & GOALS

Do you exercise regularly? Y N	Prescribed by your Doctor? Y N	DAY / S of CLASS / ES: MON TUE WED THUR FRI SAT
		CLASS TIME / S:

How did you hear about us?
Goals / Reasons for being here:
What else would you like us to know about you?
Rec/Hobbies: Nutrition: Exc Good Poor Sleep (# hrs):

Signature: _____ Date: _____

Office Use Only: Paid / Waived: Reg Fee $10 + $_____