

Health History Form

Kate McNulty, Therapeutic Yoga Specialist
Therapeutic Yoga at The Village Clinic

Your health history may be discussed in the context of a review of treatment, otherwise the information provided will be kept confidential.

Name: _____ Gender: _____ Occupation: _____

Telephone: _____ Email: _____

Have you ever practiced yoga? _____ If yes how long? _____ What type? _____

Circle each of the following as it applies to you:

Neck pain	yes / no	Artificial Joint	yes / no
Joint pain/stiffness	yes / no	Steel Pins	yes / no
Muscle cramping	yes / no	Circulatory Disorder	yes / no
Muscular tightness/pain	yes / no	Respiratory Disorder	yes / no
Cancer	yes / no	Nervous Disorders	yes / no
Heart condition	yes / no	Dizziness	yes / no
Kidney disease	yes / no	Headache	yes / no
Diabetes	yes / no	Numbness	yes / no
Multiple sclerosis	yes / no	Skin Conditions	yes / no
High/low blood pressure	yes / no	Digestive Disorders	yes / no
Arthritis	yes / no	Flu / cold	yes / no
Pregnancy	yes / no		

Please list other forms of therapy you are currently working with:

List any medications currently being taken:

RELEASE AND LIABILITY WAIVER OF CLAIMS

In consideration of Kate McNulty offering me treatment, I hereby waive any and all claims that I have or may have in the future. I am aware of my own health and physical condition; I hereby assume all risks connected to participate in this yoga class or therapeutic yoga session. I hereby release Kate McNulty liable for accidental injury or illness which may occur. I agree to disclose any physical limitations or impairments which may affect my ability to participate.

Signature: _____ Date: _____