



Life Source Yoga & Health
 abn 69 218 146 872
 Suite 11, 177-199 Pacific Highway
 North Sydney NSW 2060
 t 02 8904 0202
 f 02 9956 8999
 w www.life-source.com.au
 e bliss@life-source.com.au

Participant Profile

All information given on this form will be treated as confidential.

Name: _____ Occupation: _____

Address: _____

Date of Birth: _____ Daytime Tel: _____ Mobile: _____

Email Address: _____

If you do **not** wish to receive our monthly news, including discounts, special offers, and birthday freebies, please tick

How did you hear about Life Source?

- letter drop colleague/friend – who? _____ leaflet on street walking past yellow pages
 newspaper ad internet search with _____ health professional –who? _____

A brief medical history. Please indicate if you have suffered any of the following conditions:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Gynaecological &/Or |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Heart Conditions | Menstrual Disorders |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Digestive Conditions | <input type="checkbox"/> CFS |

If you are pregnant, what is your due date? _____

Are you currently taking any medications? No Yes – for which condition(s)? _____

Have you practiced yoga before? No Yes – _____ year(s) _____ month(s)

Is there anything else you feel is important for us to know about you? _____

What are your main reasons for joining this class?

- Exercise & physical fitness Increased vitality and energy Specific health condition _____
 Stretching and flexibility Stress management Self-awareness
 Body awareness Anxiety Other: _____

Agreement: *I will notify my teacher before class begins of any recent injury, illness, surgery or commencement of pregnancy. To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any exercise remains mine. I understand that I am engaging the services of the teacher at each class that I participate in, and that the teacher-student relationship is between myself and the teacher of each class, and that Life Source Yoga & Health and Yoga Source is providing the opportunity, premises and equipment to allow the classes to be conducted. I expressly waive any claim I may have against Life Source Yoga & Health, Yoga Source and other teachers representing and teaching with these companies, for any injury or loss sustained by me while undertaking my practice under their instruction.*

Signed: _____

Date: _____