

VINEYARD COMPLEMENTARY MEDICINE

Yoga Registration

Please fill out this questionnaire carefully. The information provided will assist in creating a complete health profile for you.
All of your answers are completely confidential.

Name Date Referred by Email address

Mailing Address: local Mailing address: off island (if applicable)

City State/Zip City State/Zip

Date of Birth (m/d/y) Phone: Home Cell Work

In case of emergency: notify Phone

Primary care physician Phone

Yoga experience? Yes No If yes: How long? _____ How often? _____ Style _____

Any injuries/problems? _____

Any pain? Yes No If yes: Pain level 0 1 2 3 4 5 6 7 8 9 10 How often? _____ What does it feel like? _____

What makes it better? _____ What makes it worse? _____

Prior treatment for this condition: _____

What was helpful? _____

Limitations in daily activities: _____

Surgeries (please include date of procedure): _____

Other musculoskeletal issues _____

Significant Trauma (auto accidents, falls, etc.): _____

Allergies (drugs, foods, chemical, environment): _____

Medications: (names and dosage) please attach an additional page if necessary: _____

Exercise: Days per week: _____ Length of workout: _____ Type of activity: _____

Other past time activities _____

Other pertinent past medical history:

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Cardiac problems | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Autoimmune issues |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Muscle Pain | <input type="checkbox"/> Weakness | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Lyme's Disease | <input type="checkbox"/> GI problems | <input type="checkbox"/> Stress | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Other (please list) _____ | | | |

Additional info _____

