

Yoga Physical Activity Readiness Questionnaire

Name _____ Gender _____ Age _____

Address _____

E-mail Address _____

Phone / Fax _____

Please provide the following information as accurately and completely as possible so that we may assess whether you are a “suitable candidate” to participate in the **Yoga Class**.

Known Cardiovascular, Pulmonary or Metabolic Disease

Do you have a personal history of any of the following?

Yes No Myocardial infarction (“heart attack”) _____

Yes No Stroke or ischemic attack (“mini-stroke”) _____

Yes No Other cardiovascular disease/disorder (aneurysm, etc.) _____

Yes No Asthma or chronic obstructive pulmonary disease (COPD, etc.) _____

Yes No Diabetes (insulin dependent, non-insulin dependent, etc.) _____

Yes No Other _____

Comment: _____

Other Information Concerning Personal Health History

Do you have a personal history of any of the following?

Yes No Diagnosed back/neck disorder _____

Yes No Currently under doctor’s care for back/neck disorder _____

Yes No Been to doctor within the past year for back pain _____

Yes No Back pain _____

Yes No Neck pain _____

Yes No Joint surgery, joint pain or joint swelling _____

Yes No Osteoporosis (“low bone density”) _____

Yes No Occasional significant numbness/weakness _____

Yes No Balance or gait problems _____

Yes No Sit for 30 hours or more per week during work _____

Yes No Surgery within past 2 years. If yes, type of surgery _____

Comment: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Yes No Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No In the past month, have you had chest pain when you were not physically activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Yes No Females: Are you pregnant? If so, in which month are you now? _____

Yes No Do you know of any other reason why you should not do physical activity?

Comment: _____

Yoga Physical Activity Readiness Questionnaire

Drugs/Medications

Please list any prescription or over the counter (OTC) drugs/medications you are currently taking.

Drug/Medication	Purpose/Reason for Taking
_____	_____
_____	_____
_____	_____
_____	_____

In Case of Emergency

(Must be completed)

Name _____

Phone _____ Alternate Phone _____

Upon completion of this form, I declare and understand the following:

Initial

_____ I have completed this health history to the best of my recollection and have not knowingly withheld any information concerning my health history.

Initial

_____ I understand that I am completely and solely responsible for my own body and any and all activities I undertake during this class.

Signature _____

Date _____