



Mindful Balance  
Integrative Psychiatry  
Affiliate of PRA Behavioral LLC

### Health Form for Yoga and Meditation Classes

Client Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What are you hoping to experience during or as a result of taking yoga or meditation classes? \_\_\_\_\_  
\_\_\_\_\_

Have you ever practiced yoga or meditation? If yes, please describe your practice: \_\_\_\_\_  
\_\_\_\_\_

Please list accidents, injuries and surgeries you have had, including dates: \_\_\_\_\_  
\_\_\_\_\_

Please check any of the following health issues that effect you or may limit your participation in a group exercise class:

Uncontrolled high blood pressure

Low blood pressure

Glaucoma

Detached retina

Neck problems or injury

Back problems or injury

Sciatica

Knee problems or injury

Shoulder Problems or injury

Hip problems or injury

Current Pregnancy

Other

Pease describe: \_\_\_\_\_  
\_\_\_\_\_