



Maitri Lynn Yoga
10210 Burgundy Dr.
Horace, ND 58947
HoraceYoga.com
701-997-2667

Student Name: _____

Medical History

1. Do you have any cardiovascular problems including high/low blood pressure, high cholesterol, previous heart attacks, heart disease, etc.? YES / NO

2. Do you have, or are you at risk for diabetes? YES / NO

3. Are you pregnant or less than 6 weeks postpartum? YES / NO

4. Are you taking any prescribed medications or dietary supplements? YES / NO
If YES, please describe: _____

5. Do you have any injuries or orthopedic problems (e.g. bad back, bad knees, tendonitis, bursitis)? YES / NO
If YES, please describe: _____

6. Are you currently seeing a doctor, chiropractor, physical therapist, or other medical professional for a physical condition, disease, or orthopedic problem? YES / NO
If YES, please describe: _____

7. Do you have any other medical condition or concerns not previously mentioned?
YES / NO
If YES, please describe: _____

8. Do you experience any unusual symptoms during exercise (shortness of breath, dizziness, chest pain, swelling around joints, pain in calves, unusual heart rate)? YES / NO
If YES, please describe: _____

9. Do you have anything else you would like to mention that was not included in this form?
