



Kelly McKibben, Certified Professional Kripalu Yoga Teacher since 1994  
Instructor of Yoga Therapy since 2000  
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[www.goodyoga.net](http://www.goodyoga.net)

## Consent for Care Form

### Contact Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_ Relation \_\_\_\_\_

The information requested below is solely for the use of Good Yoga and will not be shared. The information helps Good Yoga get to know you and what you want from your practice, so please try to fill out the form as thoroughly as possible. **Please bring completed form with you to first class.** Thank you very much!

### Personal Health History

Have you ever practiced yoga? Yes / No

If yes, when was your last yoga experience?

What style of yoga have you experienced? (Iyengar, Bikram, Ashtanga/Power, Kripalu, etc.)

Do you have a preferred method or style for your yoga experience? (therapeutic, gentle, dynamic, etc.)

Are you currently taking any medications? Yes / No  
If yes, please list name and reason for medications \_\_\_\_\_

Are you currently seeing a healthcare professional? Yes / No  
If yes, please list names and reason for treatment \_\_\_\_\_

Please check any of the below conditions that have affected your health either recently or in the past:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> arthritis                  | <input type="checkbox"/> diverticulitis        | <input type="checkbox"/> pregnancy           |
| <input type="checkbox"/> asthma/breathing problems  | <input type="checkbox"/> hepatitis             | <input type="checkbox"/> scoliosis           |
| <input type="checkbox"/> diabetes                   | <input type="checkbox"/> TMJ disorder          | <input type="checkbox"/> seizures            |
| <input type="checkbox"/> back problems/disc         | <input type="checkbox"/> headaches/migraines   | <input type="checkbox"/> skin conditions     |
| <input type="checkbox"/> blood clots                | <input type="checkbox"/> heart conditions      | <input type="checkbox"/> stroke              |
| <input type="checkbox"/> broken/dislocated bones    | <input type="checkbox"/> high blood pressure   | <input type="checkbox"/> surgery             |
| <input type="checkbox"/> bruise easily              | <input type="checkbox"/> insomnia              | <input type="checkbox"/> toe fungus          |
| <input type="checkbox"/> cancer                     | <input type="checkbox"/> kidney problems       | <input type="checkbox"/> varicose veins      |
| <input type="checkbox"/> car accident               | <input type="checkbox"/> auto-immune condition | <input type="checkbox"/> whiplash            |
| <input type="checkbox"/> chronic pain               | (fibromyalgia, chronic fatigue,                | <input type="checkbox"/> chemical dependency |
| <input type="checkbox"/> constipation/diarrhea      | lupus, etc.)                                   | (alcohol, drugs)                             |
| <input type="checkbox"/> depression, panic disorder | <input type="checkbox"/> muscle strain/sprain  |  |

Please write any details about the above checked conditions:

Do you have any allergies or reactions to environmental allergens (dust, pollen, fragrances)?

Yoga Practice Aspirations & Goals

What are your primary aspirations and/or goals for your yoga practice?

What health issues are your major concerns?

What is your most usual stress level? \_\_no stress \_\_a little \_\_ medium \_\_major life stress

Are you aware of where you hold stress in your body? Yes / No  
If so, where?

At your occupation, do you have repetitive motions or injuries?

**Consent for Care**

I understand that although yoga practice can be very therapeutic, it is not a substitute for medical examination, diagnosis and treatment.

Yoga practice should not be done under certain medical conditions. I affirm that I have discussed my practicing yoga and health limitations with my health care professional. I have answered all questions pertaining to health and medical conditions truthfully.

I have read and agree to the suggested guidelines for yoga practice in the Good Yoga Studio.

I agree to hold Kelly McKibben and Good Yoga harmless from any claims of injury, personal or property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Summary of Good Yoga Practice Guidelines**

- Inform your teacher as soon as you know you will be missing a class.
- Arrive 10-15 minutes before the start time of your class.
- If you are late to class, enter through the back door after the opening meditation.
- If you must leave early, exit through the back door before *savasana*.
- Inform your teacher of any injuries, allergies or relevant health issues.
- Listen to and follow instructions carefully.
- Ask questions; get clarifications; share impressions.
- Listen to the wisdom of your body and respond respectfully.
- Open your heart and mind to transformation.
- Rest when you need to.
- Stretch longer if you need to; go to the bathroom when you need to.
- Drink plenty of water.
- Release sounds; sighs, groans, yawns, laughter, tears and smiles.
- Breathe smoothly and continuously as you move and stretch.
- Do not hold your breath or strain to attain any position.
- Work gently, respecting your body's abilities and limits.
- Don't perform postures or movements that are painful.
- Menstruating women should not practice strong inverted postures or dynamic pranayama.
- Pregnant women must consult their health care provider.
- Return your yoga mat and folded blanket to its original position.
- Do not wear any kind of scented oils or perfume.

Good Yoga... Feed Your Roots!  
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