



Janey's Yoga
Find yourself to help yourself.

Name: _____ Age: _____
 Address: _____ Contact No: _____
 _____ Email Add: _____
 _____ Occupation: _____

Why have _____
 come for _____
 Yoga/Pilates/ _____
 Treatment? _____

Medical History

Heart / Circulation Blood pressure Heart complaints	
Respiratory / ENT Breathing Hearing Sight	
Digestive / Gastro-intestinal Appetite Diets? Constipation	
Urinary	
Hormonal / Menstrual	
Muscular	
Skeletal	
Nervous – migraines & headaches	
Skin	Eczema, Dandruff, Sensitive, Oily, Dry, Normal, Cellulite, Sensitivity
Accidents / Injuries	
Childhood Illnesses	



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Family medical history	
Operations / Surgery	
Physician Why?	

Personal Life Style Details

Daily Drinks:	
Smoking:	Y, N How Many
Alcohol:	Daily Units
Sleeping:	
Exercise:	
Medication:	
Supplements:	
Work Life: Traveling Stress Hours	
Home Life: Dependants Children	
Traumas: Description Dates feelings	
Epilepsy	
Pregnancy	
Diabetes	
Cancer	

Other Comments:	
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I sign below to confirm that I understand that the treatment/yoga/pilates exercises I have been given, have been designed from the information that I have provided to the best of my knowledge and that I agree to perform them within my own limitations.

Sign:

Date:

Janseysyoga: Janey Railton

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