

YOGA FOR HEALING

TANYA PENNY, LEVEL II IREST

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CONFIDENTIAL PERSONAL HISTORY

Today's Date:

Name:

DOB/Age:

Address (including city, state, zip):

Email Address:

Phone (home):

Phone (work):

Phone (cell):

Livelihood:

Experience with stress management techniques, yoga, or meditation:

Current exercise program and other ways you manage stress:

Please list any prescription or non-prescription medications you are taking and what they are for:

Please list any history of surgeries, major illnesses (physical or emotional), chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates (use back if needed):

What is your primary reason for learning iRest/Viniyoga?

Who referred you to Yoga for Healing (so I can thank them)?