Health History Intake Form

Your information is confidential. Please be as specific as possible, the more detail you can share will enable Gail to more fully understand the scope of your issues. This will enable a more wholistic approach to your designated practice.

• Name First Last

- Email
- Phone

List all that are applicable:

- Pregnancy (# of weeks)
- Joint pain, restrictions, or replacements (give details)
- Accidents, injuries, surgeries (with dates)
- Pain Episodic or chronic; nerve, muscular or joint pain
- Systemic issues: (immune conditions, movement disorders, chronic fatigue, high blood pressure, etc.)
- Brain injuries, perceptual issues (hearing, sight), dizziness
- Anxiety, depression, PTSD, etc.
- Other diagnoses (cancer, etc.)
- Are you able to easily get up and down off of the floor?
- In the last year, if you had an accident, surgery, or major medical issue, has you doctor cleared you to attend yoga classes and return to normal activities?
 - Yes
 - o No
- Is there anything else that might affect you during a yoga class?

White Iris Yoga is an inclusive community offering classes for beginners through advanced students, and those who need a slower pace or therapeutic yoga practice. We are a home for anyone seeking to deepen their yoga practice in a supportive community.

Join Our Email List

• Email Address

Our Studio

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