



**Intermediate Junior Assessment Levels 1, 2 & 3**

**Medical History Form**

Notes for completing the Medical History Form

* Please type the questions in full followed by your answers
* Write your name and the date at the top of each page
* Number each page, e.g. p 1 of 2, p 2 of 2
* Print three copies of your answers, where possible print on both sides (please do not print cover sheets)
* Where there is more than one sheet, staple each set of papers together (please do not bind the papers or use plastic sleeves)

Questions

1. Please list recent major illnesses, accidents or operations you have had, giving approximate dates and duration of illness.
2. If you have a medical problem that has been helped by yoga, please give details.
3. If you suffer from a disability, does this cause problems with certain postures and if so which postures?
4. Have you found any asanas or pranayamas deleterious to your health? (If your answer is no, please go to question 5.)

a) If yes, which ones?

* 1. Have you discovered the cause of the problem?
	2. Did you seek the advice of an experienced teacher and what was the advice?
	3. Have you been able to overcome the problem with yoga?
	4. Did you seek medical advice and if so what were you advised?
1. Have you had, or do you have, any psychological problems for which you have been, or are being treated? If so, have these been helped through yoga?