Program Application
Yoga Teacher Training Program

West-East Natural Healing
Mailing Address: 2721 Bremerton Rd.
St Louis, Missouri 63144

Instructional Facility
221 Center Dr.
Alton, IL 62002

Contact Information

Student: _____Date of Birth:_____
Address:_____
City/State/Zip:_____
Phone Number(s): Day: _____ Evening:_____
Email Address: _____

Yoga Background

How did you hear about this training? O Jaime Sanchez

O West-East Natural Healing Website O Elements of Wellness Website O Ad in Healthy Planet

O Friend:_____ O At Elements of Wellness O Other:_____

In a short paragraph, please explain your reasons for taking this training.

_____

_____

_____

Have you ever taken a class with Jaime Sanchez? O No O Yes -- Date and class(es) visited:_____

_____

How long have you been practicing yoga? Which styles of yoga?

_____

_____

Do you have a regular meditation practice? _____

Medical Questionnaire

Date of birth:_____ Gender: _____

Please describe your current health condition in general:

_____

Describe any history of lower back/neck/spine problems, including dates and current concerns:

_____

Describe any history of joint problems: knee, hip, ankle, elbow, wrist, neck, shoulder, etc. Include any surgeries or replacements and their dates: _____

_____

Do you have any history of cardiovascular problems? O No O Yes—Explain_____

Blood pressure history:

O Normal O High—Explain:_____ O Low- Explain:_____

Date it was last checked:_____

Are you taking any blood pressure medications? O No O Yes-- Explain:_____

Have you experienced any of the following difficulties? Explain or describe.

O Allergies:
O Arthritis:
O Asthma:
O Cancer:
O Chronic Headaches:
O Diabetes:
O Dizziness:
O Osteoporosis:
O Seizures:
O Surgeries:
O Stroke:
O Ulcers:
O Other:
O Other:

Are you currently under the care of a physician, chiropractor, therapist, counselor or other healthcare provider? Explain/describe:

_____

_____

Are you currently taking any prescription or over-the-counter medications, supplements, vitamins, etc. Explain/describe:

_____

_____

Do you have any learning disabilities or other physical or psychological conditions that might impact your training? If so please tell us how we can better serve you during your training:

_____

_____

Do you have any other problems or limitations, health concerns or dietary restrictions? Explain/describe:

_____

_____

Women: Are you pregnant? O No O Yes: How many weeks?_____

Student Signature:_____ Date:_____