

## NEW STUDENT QIGONG/TAI CHI/YOGA QUESTIONNAIRE

I would like to know a little more about you. This additional information will help me recommend the best protocol for you.

NAME:

First

last

AGE:

ADDRESS:

PHONE:

EMAIL:

In case of an emergency, whom should we contact?

Have you practiced Qigong, Tai Chi or yoga? If yes please name style, and how long you practiced.

Please inform us if you have any medical conditions we should know about:

Any recent surgery? If yes please list what and when you had your surgery.

Do you currently have a regular exercise practice? If so, what is it.

What would you like to improve while learning Qigong/Tai Chi/Yoga

Stress management

Breathing

Relaxation

Posture

Mindful exercise

Energy flow

Hypertension

Fall prevention

Improved cognitive performance

Osteoarthritis  
Chronic pain  
Building muscle strength  
Improving bone density  
Strengthening the immune system  
Reducing inflammation  
Creating a home practice  
Meditation  
Other: