Hormone Yoga Therapy Questionnaire

Practice for Body-Centered Therapies – Brigitte Simone Hefti Hallenstrasse 10, 8008 Zürich, T +41 (0)44 383 20 59, info@sonnenrad.ch

Health Data	Year of birth: Your Phone No.:
mentioned questions so that I can cho	ted individually. I would be grateful if you could answer the below cose and prepare the exercises best suited for you. Your information ty and will not be passed on to third parties.
In general, how is your blood pre	ssure?
☐ much too high ☐ rather high ☐	normal □ rather low □ very low
Remarks:	
Do you suffer from back problems	s? 🗆 yes 🗆 no
If yes, in which area? ☐ lumbar verte	brae ☐ thoracic vertebrae ☐ cervical vertebrae
■ musculature ■ others	
What is the medical diagnosis?	
Remarks:	
Do you suffer from joint problems If yes, in which joint? ☐ foot ☐ knee	s? ☐ yes ☐ no e ☐ hip ☐ shoulder ☐ elbow ☐ hand ☐ others
What is the medical diagnosis?	
Remarks:	
Other disorders / symptoms	
Other disorders / symptoms weak pelvic floor: very weak	T modium wook □ slightly wook
☐ menstrual problems: ☐ strong ☐	
·	ntraocular pressure
☐ chronic pains and or infections	Titraoculai pressure 🕒 trigroid dysturiction
•	
Hormone Yoga sh • diseases that are aggrave	nould <u>not</u> be practiced in the following cases: vated by increasing • pregnancy
oestrogen levels (e.g. m	
 after severe surgery 	• slipped disk
• severe endometriosis	advanced osteoporosis
• severe heart problems	◆ glaucoma
Please consult your doctor if you suffer from increased ocular pressure.	om chronic pains, thyroid dysfunction, recent inflammation of the appendix or
"Hormone Yoga" can be very effective and recommendable.	d potent and should not be underrated. Consulting your doctor is in any case
Place / Date:	Signature: