



## Yoga Health Questionnaire – to be filled in when joining the class

If you are pregnant or become pregnant please inform the instructor.

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name		
e-mail: please print carefully		
Tel: home	work	mobile
Address:		
Postcode		

<b>Age group:</b>	under 16	17-34	35-44	45-64	65+
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<b>Have you done Yoga before?</b> Yes/ No
If yes, what type(s) and for how long?
<b>What is your main reason for wanting to do Yoga/join this class?</b>

**Which aspects of Yoga most interest you?** Please tick as many as you wish:

- |   |   |
|---|---|
| <input type="checkbox"/> Physical postures (asanas) | <input type="checkbox"/> Breathwork (pranayama) |
| <input type="checkbox"/> Relaxation                 | <input type="checkbox"/> Meditation             |
| <input type="checkbox"/> Chanting                   | <input type="checkbox"/> Philosophy             |

Other aspects (please say which):

<b>Do any of these health conditions apply to you?</b>	<b>If yes, please give details:</b>
High blood pressure	Yes/No
Low blood pressure/fainting	Yes/No
Arthritis	Yes/No
Diabetes	Yes/No
Epilepsy	Yes/No
Heart problems	Yes/No
Asthma	Yes/No
Depression	Yes/No
Detached retina/other eye problems	Yes/No
Recent fractures/sprains	Yes/No
Recent operations	Yes/No
Back problems	Yes/No
Knee problems	Yes/No
Neck problems	Yes/No
Recent pregnancies	Yes/No
Are you pregnant?	Yes/No

Do you have any other conditions which affect your mobility or are likely to cause you concern when doing Yoga?	Yes/No
If Yes, give details:	
How did you first hear about this class?	

**I take full responsibility for my health during the yoga classes, including any injuries.  
I will inform my yoga teacher of any medical changes.  
If in any doubt I will consult my Doctor first.**

<b>Signed</b>	<b>Date</b>
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