**Yoga: Health Questionnaire for New Students**

All information is strictly confidential and will be kept on paper only.

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| --- |
| Name |
| e-mail: please print |
| Tel: personal mobile  | Emergency contact *(Home contact/next of* *kin)* |
| AddressPostcode |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Age Group:*** | ***16-34*** | ***35-44*** | ***45-64*** | ***65+*** |

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| --- |
| ***Have you done Yoga before? Yes/No*** |
| *If yes, what type(s) and for how long?* |
| *Do you participate in any other physical activity, e.g. gym work, running, swimming, aerobics, cycling, walking, other?* |

The following information is required to ensure your safety. Whist yoga may be practiced safely by most people; there are certain conditions, which require special attention. If you are unsure, please consult your GP before commencing class.

|  |  |
| --- | --- |
| ***Do any of these health conditions apply to you?*** | ***If yes, please give details:*** |
| 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 |  |
| Pregnancies | Yes/no |  |
| Other health issues | Yes/no |  |

**Declaration**

**I take full responsibility for my health and myself during the yoga classes, including any injuries recent or otherwise.**

**I attend class on a voluntary basis.**

**I will inform my yoga teacher of any medical changes.**

|  |  |
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| **Signed** | **Date** |

*Thank you*