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**Health Questionnaire**

All information is strictly confidential and will not be shared.

Name:

Email:

Tel:

Have you done Yoga before?

If you have, can you please describe your experience? (i.e: what type(s) and for how long?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Go Slow Yoga?

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What is your main reason for wanting to do Yoga?

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

\_\_\_ Physical postures (asanas) \_\_ Breathwork (pranayama) \_\_\_Relaxation

\_\_\_ Meditation \_\_\_Other aspects (please say which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of these health conditions apply to you? If yes, please provide details below:

High blood pressure:

Low blood pressure/fainting:

Arthritis:

Diabetes:

Epilepsy:

Heart problems:

Asthma:

Depression:

Detached retina/other eye problems:

Recent fractures/sprains:

Recent operations:

Back problems:

Knee problems:

Neck problems:

Recent surgeries, if so please provide details:

Recent pregnancies:

Are you pregnant?

Do you have any other conditions which affect your mobility or are likely to cause you concern when doing yoga?

If yes, can you please provide details? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to take full responsibility for my health during the yoga classes, including my injuries and I will inform Nicole of any medical changes before the class. During the class I will listen to the instructions carefully. I will not do any practice that I believe is not suitable for my body or current state of mind at any particular time. If I have any doubts I will ask for a modification. I will consult my doctor on any health concerns.

Signed:

Date:

Thank you for taking the time to complete this form.

Nicole ☺