HEALTH QUESTIONARE FOR YOGA

Name …………………………………………………………………. Telephone ……………………………………….

Email (please print carefully) …………………………………………………………...

Age group 17-34 35-44 45-64 65+

Have you done yoga before YES/NO?

If YES what type and for how long ………………………………………………………………...

What is your main reason for wanting to do yoga?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do any of these health conditions apply to you** | | | **Yes/no** | **If yes give details** | |
| High blood pressure | | |  |  | |
| Low blood pressure/fainting | | |  |  | |
| Arthritis | | |  |  | |
| Diabetes | | |  |  | |
| Heart problems | | |  |  | |
| Asthma | | |  |  | |
| Detached retina/eye problems | | |  |  | |
| Depression | | |  |  | |
| Recent fracture/sprains | | |  |  | |
| Recent operations | | |  |  | |
| Back problems | | |  |  | |
| Knee problems | | |  |  | |
| Neck problems | | |  |  | |
| Recent pregnancies | | |  |  | |
| Pregnant now | | |  |  | |
| Do you have any other conditions that are likely to cause you concern doing yoga? | | | | | Yes/No |
| If yes give details |  | | | | |
| How did you hear about this class? | |  | | | |

**I will take full responsibility for my health during the yoga classes, including any injuries. Please listen carefully and with care to your own body**

Signed………………………………………………………………………