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Health Questionnaire for New Students – All information is strictly confidential and will kept on paper only

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| Name: Date of Birth: |
| e-mail: (please print clearly) |

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| Have you done any Yoga before? Yes/No  If yes, what type(s) and for how long? | | |
| What is your main reason for wanting to do Yoga? *i.e flexibility, strength, fitness…..* | | |
| **Do any of these apply to you?** | | If yes, please give details: |
| Low/High blood pressure | Yes/No |  |
| Recent fractures/sprains | Yes/No |  |
| Recent operations | Yes/No |  |
| Back problems | Yes/No |  |
| Knee problems | Yes/No |  |
| Neck problems | Yes/No |  |
| Anxiety, Stress, Depressions, PTSD | Yes/No |  |
| Are you pregnant?  Heartburn/Pelvic pain/back pain or any other issues? | Yes/No |  |
| Post Natal?  Diastasis Recti/C-Section/Pelvic Pain or any other issues? | Yes/No |  |

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| 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 am happy to have any photos that feature me taken during a class to be used on Wild Spirit Yoga’s Facebook, Instagram and website. Yes/No | |

**I take full responsibility for my health during the Yoga classes, including any injuries.**

**I will inform the Yoga teacher of any medical changes.**

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