



General Health Questionnaire

Thank you for completing this questionnaire.
All your answers will be kept in complete confidence.

Name: _____

Email: _____

Contact Number: _____

Emergency contact Name and Number: _____

Occupation: _____

Date of Birth: _____

Have you done yoga before? _____

Which kind(s) of yoga you are familiar with? _____

What is your main reason for doing yoga? _____

How did you first hear about the class? _____

Do any of the following health conditions apply to you?

If yes, please give details:

• Heart disease/problems _ Yes/No _____

• Epilepsy _ Yes/No _____

• Diabetes _ Yes/No _____

• Back/neck problems _ Yes/No _____

• Knee/ankle problems _ Yes/No _____

• Arthritis/joint problems _ Yes/No _____

• Asthma/breathing difficulties _ Yes/No _____

• Recent/on-going dental work _ Yes/No _____

• Cancer _ Yes/No _____

• Eye condition/hearing problems _ Yes/No _____

- Emotional/psychological problems _ Yes/No _____
- Depression/anxiety _ Yes/No _____
- Recent operations/fractures/broken bones _ Yes/No _____
- Pregnancy/recently pregnant (last 9 months) _ Yes/No _____
- Covid-19 - Did you have a positive test result? _ Yes/No _____
- Were you advised to Self Isolate? _ Yes/No _____
- If Yes, what date did isolation end? _____
- Other _____

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

It is my responsibility to inform my yoga teacher of any medical changes.

We would like to keep in touch with you via phone and email to let you know about changes in class timetable and to send you occasional news/update about Tasha's Yoga.

If you give your consent, simply tick the box or type "yes" if you filling the form online. You can change your mind anytime, just let us know.

Signed _____

Date _____