

Health Questionnaire

For most people, Yoga should not pose any problem or hazard. This health questionnaire is designed to identify any risks these activities may pose to individuals. It also enables your teacher to have some background knowledge of their client(s).

All information will be treated confidentially.

Have you ever been **diagnosed** by a professional to have or previously had any of the following medical conditions? If you have not been diagnosed, **do you suffer with any symptoms** related to the conditions below?

Please tick and give further details;

- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Hypermobility
- ☐ Disc Related Injuries
- ☐ Lung Conditions i.e. Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Gynaecological Problems
- ☐ Eye Conditions
- ☐ Mental Health Disorders
- ☐ Cancer
- ☐ **Any other condition you think are relevant and may affect your practice.** i.e Migraines, Sciatica, Digestive

Have you had a recent and/or major operation/chronic illness/injury? **Yes/No**. If you have answered **Yes**, have you been authorised by your doctor/consultant to exercise **Yes/No**

Are you currently taking any medication of which the teacher/instructor should be made aware? If so, what..... **Yes/No**

Are you pregnant or have you had a baby in the last 6 months? **Yes/No**

Is there any other reason why you should not participate in physical activity? **Yes/No**

If you answered yes to any questions please give further details below

PLEASE NOTE:

If your health changes so that subsequently you answer **YES** to any of the questions overleaf, inform your teacher/instructor immediately.

It is always important that within your class you practice considerably and work within your own limitations.

Please adhere to Government COVID-19 Guidelines in effect.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

I understand my own body's challenges and take full responsibility for my own practice

Full Name: _____

Signature _____

Address: _____

Date: _____

DOB: _____

Home No: _____

Post Code: _____

Mobile No: _____

Email Address: _____

Would you like to join our mailing list to receive our Newsletter, Promotions & Events?

Yes No (Please tick appropriate)

Occupation: _____

Emergency contact name, phone number and relationship to you:
