**Questionnaire for new Yoga Students**

Name: Tel:

Email address:

Are you happy for me to add your email to my mailing list to be kept informed of class changes, updates and events? Y/N

I will not share this data with any other organisation. I may inform cover teachers of specific injuries so they can adequately prepare their classes.

Age: Sex: M/F Profession:

Who should we contact in case of emergency?

1. Have you ever done Yoga before? If so, how often, and when? Which style(s)?
2. What are you hoping to gain from these classes?
3. How did you hear about us?
4. What exercise do you take on a regular basis?
5. Do you have any current injuries? Please provide details
6. Do you have any of the following conditions?
	1. Diabetes Y/N
	2. High Blood Pressure Y/N
	3. Low Blood Pressure Y/N
	4. Lower Back Pain Y/N
	5. IBS Y/N
	6. Arthritis Y/N
	7. Asthma Y/N

If you have answered yes to any of the above, please provide further details:

1. Are you taking any medication? Please provide details
2. Are you pregnant or do you think you could be? If yes, how many weeks?
3. Is there significant in your medical history, eg surgery, illnesses, accidents? Please provide details: