**New Yoga Student Questionnaire**

Please complete this questionnaire to give me essential information about yourself and your medical history. All information given on this form will be kept confidential

NAME ………………………………………. DATE OF BIRTH …………………...

ADDRESS …………………………………………………………………………….

…………………………………………………………………………………………..

TELEPHONE ……………………….. EMAIL **(PRINT)** ………………………………

EMERGENGY CONTACT:

NAME……………………………………… CONTACT NUMBER…………………….

**YOGA EXPERIENCE**

Have you had any experience of Yoga before? And any other fitness or health activities that you do.

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| --- | --- | --- |
| **Medical History** | **Y/N** | **Please give details** |
| Are you on any medication |  |  |
| Any form of serious illness in the last five years. Including cancer, lung or heart problems, |  |  |
| Any muscular or skeletal problems. Including Arthritis, rheumatism, osteoporosis, back or hip problems. |  |  |
| Any digestive issues, e.g. diabetes, constipation, kidney or any other problems. |  |  |
| Any circulation problems, blood pressure, kidney or heart problems. |  |  |
| Are you currently receiving treatment for a diagnosed medical condition? |  |  |
| Are you pregnant or have recently given birth? |  |  |
| Anything else you would like me to know about? |  |  |

Please help me to keep my records up to date by agreeing to inform me of any changes in your health that could affect your yoga practice. You may contact me in confidence at any time by telephone or email.

Are you happy to be adjusted in class? (please circle) YES NO

I confirm that I have answered all questions honestly and that the information given is correct.

SIGNED ………………………………………………………. DATE ………………………………..