

Health & Information QUESTIONNAIRE

Class:.....

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

NameDOB:

Address

Tel. no. Home Mobile

e-mail (block capitals)

Emergency contact name and tel. no

Are you new to Yoga? **Yes / No**

Do you participate in any other physical activity, e.g. gym, jogging, swimming, aerobics, badminton, cycling, walking, etc. and how regularly do you do this?

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The following information is required to ensure your safety. Whilst yoga may be practiced safely by the majority of people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class.

Please circle **Y** or **N** to indicate whether you have any of the following medical conditions: These conditions require specific modifications to your yoga practice.

If you have indicated **Y**, please provide details.

- Abdominal disorder or recent surgery **Y / N**
- Arthritis (osteo or rheumatoid) **Y / N**
- Back pain (if known cause please state) **Y / N**
- Knee problems **Y / N**
- Hip problems **Y / N**

- Shoulder or neck problems Y / N
- Heart disorders Y / N
- High blood pressure Y / N
- Low blood pressure Y / N

These conditions may affect your practice and so it is important that I am aware before your first class or session with me.

- Asthma Y / N
- Diabetes Y / N
- Auto-immune disorder Y / N
- Epilepsy Y / N
- Anxiety / Depression Y / N
- Sensory disorder affecting eyes or ears Y / N
- Balance affecting disorder Y / N
- Allergies Y / N
- Other Y / N

Are you or could you be pregnant, or have you given birth in the last six weeks? **Y / N**

Have you had any operations in the last 2 years? If yes, please advise/discuss with me. **Y / N**

Your details will be retained in accordance with the published Privacy Policy on the RohoYoga website in order to keep you up to date on news and announcements. You will not be bombarded with and your details will not be shared with any other parties.

Do you agree to your details being recorded and retained? **Yes / No**

I confirm the provided information is correct and I consent for my contact details to be recorded as indicated above. I understand that it is my responsibility to:

- Check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class.
- Advise of any change in my medical information.
- Follow the advice given by my doctor if required.

Signed.....

Dated