



# Confidential Yoga Health Questionnaire



## Name and Contact Details

These details, if you provide them, will be used for essential communications and my online booking system, plus any other communications you opt in to. You can update your preferences at any time.

Name:

### Optional communications

Mobile #:

Weekly announcement text

Email:

Occasional news/announcements

## Background

These background questions help me to tailor my teaching to your requirements.

Have you done any yoga before? If so, what type, and for how long?

What are your main reasons for wanting to do yoga?

Eg strength/flexibility, health/fitness, stress release, mental and emotional wellbeing

## Medical

You are responsible for your own health while practising yoga, but your answers to these questions help me to advise you on modifications to your practice. Please answer below, adding appropriate details and using the back of this sheet if necessary.

Any operation, injury or serious illness in the last 2 years?	No	
Are you, or have you been pregnant in the last 18 months?	No	
High blood pressure	No	
Back problems	No	
Pain or limited movement in any joints (eg knees, ankles)	No	
Neck problems	No	
Low blood pressure/fainting	No	
Arthritis	No	
Diabetes	No	
Epilepsy	No	
Heart problems	No	
Depression, anxiety or panic attacks	No	
Detached retina/other eye problems	No	
Asthma or other respiratory problems	No	
Migraine	No	
Osteoporosis	No	
Other	No	

**I take full responsibility for my health during this yoga course. I will inform my yoga teacher of any changes to the information above.**

Signed:

Date:

All information is held in the strictest confidence (see my website for details of my privacy policy). Please feel welcome to ask questions or give feedback on any issues relating to the class.