

Health Questionnaire

Name	
Address	
Email	
Home Phone	
Mobile	
Emergency Contact Name	
Emergency Contact Number	
Have you practised yoga before?	
If yes, please give any details.	

The following information is required to ensure your safety. Whilst yoga may be practised 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 tick the boxes below if you have any of the following medical conditions.

Anxiety/Depression		Hypertension/High blood pressure/angina	
Arthritis		Low blood pressure/Hypotension	
Asthma		Back Problems	
Carpal Tunnel Syndrome		Knee Problems/Replacement	
Detached Retina/Glaucoma		Shoulder/Neck Conditions	
Diabetes		Osteoporosis	
Hiatus Hernia		Pregnancy	
Hip problems/replacement		Recent Abdominal or other surgery	
Epilepsy		Auto immune disorder (e.g. ME, Lupus)	
Balance disorder		Sensory disorder	

DECLARATION

I confirm the above information is correct. 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 the yoga tutor of any change in my medical information; follow the advice given by my doctor and/or yoga tutor.

Signed.....Date.....