



MINDtheBODY Yoga

Connie Maris (Yoga Alliance Professional)

HEALTH QUESTIONNAIRE

All information completed on this form will be treated in the strictest confidence and stored in accordance with Data Protection legislation and will be used only by Connie Maris and will not be passed onto any Third Parties.

| | |
|-----------------------------------|----------------|
| Name: | |
| Date of Birth: | |
| Address: | |
| | |
| Telephone: | Home: |
| | Mobile: |
| Email: | |
| Emergency contact name: | |
| Emergency contact tel. no: | |

Have you attended a yoga class before?

If yes, how long have you practised yoga and what style of yoga have you practised?

The following information is required to ensure your safety. Whilst yoga may be practised safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please tick the boxes if you have any of the following:

These medical conditions require specific modifications to your yoga practice. If yes, please give details.

| | |
|--------------------------------------|---------------------------------|
| Abdominal disorder or recent surgery | Arthritis (osteo or rheumatoid) |
| Unspecified back pain/ problems | Spinal injury |
| Joint replacement | Knee problems |
| Hip problems | Shoulder or neck problems |
| Heart disorders | High blood pressure |
| Low blood pressure | Other |

Further information:

These conditions may affect your practice and so provide useful information for your yoga tutor.

| | |
|---|--|
| Asthma | Diabetes |
| Anxiety/depression | Auto-immune disorder (e.g. M.E., M.S., Lupus etc.) |
| Epilepsy | Balance affecting disorder |
| Respiratory issues | Migraine |
| Sensory disorder affecting eyes or ears | Other (discuss with tutor) |



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| Further information: | |
| Please tick this box if you do not wish to declare medical information | <input type="checkbox"/> |
| Have you had any recent operations (in the last two years)? | |
| Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice? | |
| Are you /could you be, pregnant, or have you given birth in the last six weeks? | |
| Do you participate in any other physical activity, e.g. gym, jogging, swimming, aerobics, cycling, walking or other? | |
| How regularly do you do this? | |
| How did you hear about this class? | |
| DECLARATION | |
| I confirm the above information is correct and that I take responsibility for my own health and safety whilst participating in the yoga class/session and I also understand that it is my responsibility to: | |
| <ul style="list-style-type: none">• check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga session.• advise my yoga tutor of any change in my medical information or ability to participate in the yoga session.• follow the advice given by my doctor and/or yoga tutor. | |
| Name (please print): | |
| Signed and Dated: | |
| Date: | |

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details. To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate your preferences below. Please note that you are able to amend these choices at any time by contacting me.

Post Y/N Email Y/N Telephone Y/N