



**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.

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Telephone:</b>	<b>Home:</b>
	<b>Mobile:</b>
<b>Email:</b>	
<b>Emergency contact name:</b>	
<b>Emergency contact tel. no:</b>	

**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:

<b>These medical conditions require specific modifications to your yoga practice. If yes, please give details.</b>	
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**

**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:

- 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