



Weekend Yoga



STUDENT QUESTIONNAIRE

to be filled in when joining Weekend Yoga class

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

Name

Address

Home telephone number

Mobile telephone number

E-mail address

Emergency contact name and telephone number

Age under 18 18-49 over 50

Occupation

Have you attended a yoga class before?

If yes, how long have you practiced yoga?

If yes, what style of yoga have you practiced? (if known)

Do you participate in any other physical activity such as jogging, swimming, cycling, walking? If so please give details

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How regularly do you do this?

How did you hear about this class?

What are you hoping to get out of coming to a yoga classes?

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The following information is required to ensure your safety. While 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. You have the option not to disclose your medical history – please tick the box at the end of the form.

The following conditions require specific modifications so please tick any that apply and give further details in the space provided

- Abdominal disorder or recent surgery
- Arthritis (osteo or rheumatoid)
- Back pain (if cause known, please state)
- Knee problems
- Hip problems
- Shoulder or neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

The following conditions may affect your practice so please tick any that apply and give further details in the space provided

- Asthma
- Diabetes
- Auto-immune disorder (e.g. M.E. M.S. Lupus etc.)
- Epilepsy
- Anxiety/depression
- Sensory disorder affecting eyes or ears
- Balance affecting disorder
- Other (to be discussed with tutor)

Are you, or could you be, pregnant, or have you given birth in the last six weeks? Yes No

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? Yes No
If yes, please provide details.....

Have you had any recent operations (in the last two years)? Yes No
If yes, please advise what the operation was.....

DECLARATION

Please tick this box if you do not wish to declare medical information

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

Name (please print)

Signed

Date.....