

New Student Questionnaire

Please take some time to fill in this questionnaire. Leave any question blank that you do not wish to answer. The information I receive from you will allow me to plan more effectively to tailor the classes to suit your own needs and interests.

Any information you provide me with will be treated in the strictest confidence and will not be disclosed to any individual or organisation. Thank you.

Name

Email (block capitals please)

Address

..... Post Code

Telephone Home Mobile

Occupation Interests

Emergency Contact
(Name and Tel)

Have you ever practised Yoga before YES NO

If 'YES' please provide further details e.g. how long for, which style, current practice

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Your own personal reasons for being interested in/attending a Yoga class

- Relaxation Stress Relief Exercise Flexibility Pain Relief
 Philosophy Meditation Other Details

Do you participate in other forms of regular physical activity? (e.g. swimming, cycling, walking, etc.)

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The following information is required to ensure your safety. Whilst yoga may be practiced 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.

Your Health - Please tick if any of the following apply to you. These conditions require specific modifications to your yoga practice so if 'yes' please ensure that you give details below.

- | | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| Pain, stiffness, broken bones, swelling | <input type="checkbox"/> | Shoulder or neck problems | <input type="checkbox"/> |
| Back Pain (state cause, if known) | <input type="checkbox"/> | Knee problems | <input type="checkbox"/> |
| Varicose veins/Oedema | <input type="checkbox"/> | Hip problems | <input type="checkbox"/> |
| Osteoporosis | <input type="checkbox"/> | Abdominal disorders or recent surgery | <input type="checkbox"/> |
| Arthritis (state osteo or rheumatoid) | <input type="checkbox"/> | Heart Conditions/disorders | <input type="checkbox"/> |
| Nerve damage, trauma | <input type="checkbox"/> | High/low blood pressure | <input type="checkbox"/> |

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

Respiratory problems (e.g. Asthma)	<input type="checkbox"/>	Sensory disorder affecting eyes or ears	<input type="checkbox"/>
Anxiety/Stress/Depression	<input type="checkbox"/>	Balance affecting disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Auto-immune disorder (e.g.M.E. M.S. Lupus)	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Other (to be discussed with tutor)	<input type="checkbox"/>

Please provide details of above, including current condition/treatment/medication and/or any other conditions not covered by the above that might be adversely affected by yoga practice.

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Are you/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? YES / No

Do you have any other medical conditions not covered above that might be adversely affected by yoga practice? YES / No

Have you had any recent operations (in the last two years) or hospital trips ? YES / No
(If 'Yes' please advise what the operation was below)

If you have answered 'Yes' to any of the above, please give details below or on a separate sheet plus any other comments/questions which you may have prior to your class.

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DECLARATION

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

Please read the following and sign below:

I confirm that 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 teacher of any change in my medical information or other, which may be relevant, before the start of each class
- Follow the advice given by my doctor and/or yoga teacher
- Only do what feels comfortable in class and not to work into pain
- To let the teacher know if I experience any difficulty in class
- To practice mindfully and safely

Signed: _____

Date: _____

Name: _____ (block capitals please)