



yoga class

Student Questionnaire



To be completed by all students joining the yoga class

First Name: _____ Last Name: _____ Date of birth: (d) _____ (m) _____ (y) _____

Address: _____

Town: _____ County: _____ Postcode: _____

Phone: _____ Mobile Phone: _____

Email: _____ Emergency contact name and no. _____

Have you ever attended a yoga class before? YES/NO

If 'YES' how long have you practised yoga? : _____

If 'YES' what style of yoga have you practiced? : _____

How did you hear about the yoga class? _____

Do you participate in any other physical activity, e.g. gym, jogging, swimming, aerobics, badminton, cycling, walking, or other?:

1 _____

2 _____

3 _____

How regularly do you do this?

1 _____

2 _____

3 _____

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:

These conditions require specific modifications to your yoga practice. If YES please give details.

abdominal disorder or recent surgery YES/NO

arthritis (osteo or rheumatoid) YES/NO

back pain (if known cause please state) YES/NO

knee problems YES/NO

hip problems YES/NO

shoulder or neck problems YES/NO

heart disorders YES/NO

high blood pressure YES/NO

low blood pressure YES/NO

If 'YES' to any of the above please give details:



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These conditions require specific modifications to your yoga practice. If YES please give details.

asthma	YES/NO
diabetes	YES/NO
auto-immune disorder (e.g ME, MS or Lupus)	YES/NO
epilepsy	YES/NO
anxiety / depression	YES/NO
sensory disorder affecting eyes or ears	YES/NO
balance affecting disorder	YES/NO
other (to discuss with tutor)	YES/NO
low blood pressure	YES/NO

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? Or any other medical conditions not covered above that might be adversely affected by yoga practice YES/NO

If 'YES' to any of the above please give details:

Have you had any operation in the last two years? YES/NO

If 'YES' please advise what the operation was:

PLEASE TICK THE BOX IF YOU DO NOT WISH TO DECLARE MEDICAL INFORMATION

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 condition
- follow the advice given by my doctor/or yoga tutor

Print Name: _____

Signed: _____ Date: _____