

# Yoga Classes

## Health Information Form

Name: .....

Address: .....

Postcode:.....

Telephone (home, mobile): .....

e-mail:.....

What are you hoping to gain from yoga classes?.....

The following information is treated as confidential. Please tick if you experience any of the conditions mentioned below and provide details that may affect your ability to do yoga. It will help you benefit even more from the classes.

### About my health:

My general health is:

- Excellent       Good       Manageable       Challenging

I experience/have experienced:

- |   |   |
|---|---|
| <input type="radio"/> Heart condition     | <input type="radio"/> Diabetes                |
| <input type="radio"/> Breathing problems  | <input type="radio"/> Epilepsy                |
| <input type="radio"/> Joint problems      | <input type="radio"/> Osteoporosis            |
| <input type="radio"/> High blood pressure | <input type="radio"/> Malignancy              |
| <input type="radio"/> Back/neck pain      | <input type="radio"/> Depression/anxiety      |
| <input type="radio"/> Headaches           | <input type="radio"/> Other health issues.... |
| <input type="radio"/> Lack of energy      |   |

I am pregnant Y /N

I am taking the following medication

Please use the space overleaf if you want to say more about yourself

### Disclaimer:

I take full responsibility for my own health and wellbeing during the class and when I practice anything taught in the yoga classes in another location.

Signature ..... Date: .....