

General Yoga: Health Questionnaire for New Students

All information is strictly confidential and will be kept on paper only.

Name		
e-mail: please print carefully		
Tel: home	work	mobile
Address:		
postcode		

Age Group:	Under 16	17-34	35-44	45-64	65+
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Have you done Yoga before? Yes/No
If yes, what type(s) and for how long?
What is your main reason for wanting to do Yoga?

Which aspects of Yoga most interest you? Please tick as many as you wish:

- | | |
|--|--|
| <input type="checkbox"/> Physical postures (asanas) | <input type="checkbox"/> Breathwork (pranayama) |
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Chanting& Healing | <input type="checkbox"/> Ashtanga |

Other aspects (please say which):

Do any of these health conditions apply to you?	Yes/No	If yes, please give details:
High blood pressure	Yes/No	
Low blood pressure/fainting	Yes/No	
Arthritis	Yes/No	
Diabetes	Yes/No	
Epilepsy	Yes/No	
Heart problems	Yes/No	
Asthma	Yes/No	
Depression	Yes/No	
Detached retina/other eye problems	Yes/No	
Recent fractures/sprains	Yes/No	
Recent operations	Yes/No	
Back problems	Yes/No	
Knee problems	Yes/No	
Neck problems	Yes/No	
Recent pregnancies	Yes/No	
Are you pregnant?	Yes/No	

Do you have any other conditions which affect your mobility or are likely to cause you concern when doing Yoga?	Yes/No
If Yes, give details:	
How did you first hear about this class?	

**I take full responsibility for my health during the yoga classes, including any injuries.
I will inform my yoga teacher of any medical changes.**

Signed	Date
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Thank you very much for filling in this form