

QUESTIONNAIRE (Confidential)

NAME: _____ DOB: _____

ADDRESS: _____

Town: _____ Post Code: _____

MOBILE: _____ EMAIL: _____

DO YOU HAVE ANY HEALTH PROBLEMS?

Back Problems	Y / N	Diabetes	Y / N
High Low Blood Pressure	Y / N	Hernia	Y / N
Epilepsy	Y / N	Arthritis	Y / N
Heart Problems	Y / N	Asthma	Y / N
Joint Problems	Y / N	Respiratory problems	Y / N
Parkinson Disease	Y / N	Eye problems	Y / N
Depression	Y / N	Hearing Problems	Y / N
Balance Problems	Y / N	Sciatica	Y / N
Osteoporosis	Y / N	Thyroid: - under active	Y / N
		over active	Y / N

Are you Pregnant, if so, what stage are you at? _____

Please give details of any conditions listed above or any other problems or operations not listed.

Are you taking any medication? Y/N

If so for what _____

Have you practised yoga before? Y/N

If yes, what type? _____

How long ago? _____

What do you hope to achieve through yoga? _____

How did you find out about my yoga classes? _____

Please wear loose comfortable clothing and do not eat within 2 hours of the start of a class. Please bring a yoga mat with you.

Should you have any concerns about your health, please consult your doctor before practising Yoga.

Signature: _____

Date: _____