**Yoga Health Questionnaire**

Name: Date:

Address:

Date of Birth:

Telephone Number: Email:

Where did you first hear about Yoga Freedom?

Do you take regular exercise? Yes No

If Yes, please give details as to how often and what type of exercise you undertake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you practiced Yoga before? Yes No

Are you pregnant, or likely to be pregnant? Yes No

**(Unless you are experienced at yoga, it is advisable to**

wait until your first scan before commencing a class.)

Have you had an operation in the last 12 months? Yes No

Please give details including dates:

Please indicate if you have suffered or continue to suffer from any of the conditions listed below. **(Please circle as appropriate.)**

Heart Disorder Epilepsy High/Low Blood Pressure

Asthma Back/Neck Pain Arthritis Diabetes

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of any conditions you feel may affect your practice. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the yoga cautions listed below.**

Never practice yoga if you are feeling unwell.

Always listen to your body and never work into any pain.

If you have any kind of back pain, it is advisable to gain a diagnosis prior to starting classes. If it is ok to continue, please ensure that you bend your knees when lifting back into an upright from a forward bend, or when lowering a foot to the floor from a raised position.

Stop and rest if you feel tired or dizzy at any time during the practice.

Allow a long and deep breath to flow throughout the practice, as a short and shallow breath could indicate that you are moving further into the stretches, than is of comfort to you.

It is important to remember that every day is different and your body may be more flexible one day and not so the next. Please pay attention to these changes and never work into any pain at all. Don’t assume that you will be able to move into a pose comfortably every day just because you have done so before.

***If you are pregnant or have any known medical conditions that may affect your wellbeing while practicing Yoga, please do check with your doctor that it is safe for you to practice and do communicate your condition to Yoga Freedom, prior to the start of each class.***

Yoga Freedom accepts no liability for injury incurred durning any class or workshop, whether it is taken online or in person. Please practice within your own safe limits.

So that I can contact you regarding the classes you are attending, I will retain your contact details, on my pass-coded phone and in my contacts. I will never share your details with anyone else.

If you wish to receive the Monthly Yoga Freedom Newsletter, please do indicate with a Y or a Tick that you would like me to send you instructions on how to join the Yoga Freedom Newsletter Email List.

This form will be stored in a locked cabinet for a total of 7 years after your last class attendance. Unless you return an online version, which will be securely stored with password protection. You can request to access the data I hold for you at any time and ask that it be deleted, subject to my legal, tax and insurance obligations.

You can read Yoga Feedom’s Privacy Policy directly at www.yogafreedom.co.uk.

**Please sign to indicate you agree to all of the above.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_