FLOWER POWER RETREATS
Peace, Love & Yoga

# HEALTH QUESTIONNAIRE

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

| | | | | | |
|---|---|---|---|---|---|
| Name: | | | | | |
| Occupation: | | | | | |
| Age Group: | Under 16 | 17-34 | 35-44 | 45-64 | 65+ |
| Have you done Yoga before? | | | | | |
| If yes, what type 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:

□ Physical postures (asanas) □ Breathwork (pranayama) □ Relaxation □ Meditation
□ Chanting& Healing

Do any of these health conditions apply to you? If yes, please give details:

| | | | |
|---|---|---|---|
| High blood pressure | NO | YES | |
| Low blood pressure/fainting | NO | YES | |
| Arthritis | NO | YES | |
| Diabetes | NO | YES | |
| Epilepsy | NO | YES | |
| Heart problems | NO | YES | |
| Asthma | NO | YES | |
| Depression | NO | YES | |
| Detached retina/other eye problems | NO | YES | |
| Recent fractures/sprains | NO | YES | |
| Recent operations | NO | YES | |
| Back problems | NO | YES | |
| Knee problems | NO | YES | |
| Neck problems | NO | YES | |
| Recent pregnancies | NO | YES | |
| Are you pregnant? | NO | YES | |

Do you have any other conditions which affect your mobility or are likely to cause you concern when doing yoga? Yes No

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|---|
| If Yes, give details: |

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 |

***Thank you very much for filling in this form.***