

## 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		

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

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

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

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.**

<b>Signed</b>	<b>Date</b>
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Thank you very much for filling in this form