



## 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:

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

Other aspects (please say which):

Do any of these health conditions apply to you?	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