

BODYMINDYOGA

REGISTRATION & HEALTH QUESTIONNAIRE

(For use by the tutor only for the purpose of registration, emergencies, health and safety within the class and unforeseen circumstances) information will be kept in compliance with the principles of the Data Protection Act 1998

First Name:

Last Name:

Address:

Post Code:

Tel: (inc code)

E-mail:

Date of birth :

This yoga class will contain postures, specific breathing, relaxation and meditative techniques. Some of these may be inadvisable or contraindicated if you have certain medical conditions. It is important to let your tutor know if you have any of the conditions below or any other condition that you think your tutor should know about. Please also check with your doctor if in doubt.

Please indicate if you have any of the following conditions:

yes no

	yes	no
Diabetes		
Heart condition (history of heart attack,angina etc)		
High blood pressure		
Low blood pressure		
Joint condition (knee,hip,shoulder etc. state which)		
Arthritis (where?)		
Back or spine conditions/injuries (i.e spondylitis,scoliosis,sciatica)		
Asthma or other breathing condition		
Pregnancy		
ME/MS		
Depression		
Abdominal surgery (last 3 years) hernia		
Epilepsy		

Please give specific details if you have any of the above.

Do you take any medication or have any medical condition or sensory loss which may affect you during class? **YES/NO**

If **YES**, please tell me what I can do should you experience any difficulties or what your requirements are so that I may take appropriate action.

Do you have any other condition, injury, illness, recent operation or physical disability which you consider I should know about? If so please mention it and its impact on you.

Have you practised yoga before? Time practiced, style, type.

If possible please say why you are coming to yoga classes.

I understand that some of the practices in the class are inadvisable or contraindicated when suffering from certain medical conditions. I accept personal responsibility for my health, safety and well-being during this class.

Signed: _____

Date: _____

Please inform the tutor if any of this information changes.

If you do not want to be contacted in the future by the tutor about classes or courses please tick this box