

Mrs Osborne



RECOMMENDS . . .

**Hatha Yoga
Health Declaration & Questionnaire**

Name:
Address:
Telephone Number(s) Landline: _____ Mobile: _____
Email Address:
Emergency Contact Name & Telephone Number:
Have you Practiced Yoga before? If yes, please state for how long and what style of yoga
Do you Participate in any other Regular Physical Activity? If yes, please give brief details
Motivation & Aspiration: Please outline your reason for choosing to practice yoga and what you expect to gain from your yoga classes
Home Practice: Do you currently practice yoga at home, and if not would you like a home routine?

**FABULOUS AND
POWERFUL**

Health Information:

Date of Birth (optional):

Please answer the following questions. Whilst yoga can be practiced safely by the majority of people, there are certain conditions that require special attention. If you are at all unsure, please consult your GP before commencing yoga.

These conditions require specific modifications to your yoga practice. Please tick any that apply to you and give details:

- abdominal disorder
- arthritis (osteo or rheumatoid)
- back pai
- knee problems
- hip problems
- shoulder or neck problems
- heart disorders
- high or low blood pressure

These conditions may affect your yoga practice and your tutor needs to be aware of them. Please tick any that apply to you.

- asthma diabetes
- epilepsy anxiety or depression
- visual disorder hearing disorder
- auto-immune disorder balance affecting disorder
(e.g. M.E., M.S., Lupus)

If you have had any surgery in the last two years please give details:

If you have any condition not covered above that might be adversely affected by the practice of yoga and/or if you have any other health concern in relation to your practice of yoga please give details:

Declaration:

I confirm that I have answered the questions on this form accurately and that I understand it is my own responsibility to:

- Check with my GP if I have any difficulties or concerns about my ability to practice yoga
- Advise my yoga tutor of any change in my medical information
- Follow the advice given by my GP and/or yoga tutor

Signed:

Date:

**Take this form to your first class or post it to:
Gillian Osborne, The Old Stables Studio, Indra House, Main Street, Wombledon, York YO62 7RX**

Please be assured that your personal information will be handled sensitively, treated in the strictest confidence and stored in accordance with the Data Protection Act 1998.