

New Student Yoga Questionnaire



Please complete this questionnaire to give me essential information about yourself, and your medical history. All information given on this form will be kept confidential

Name Telephone

Address

Email Emerg. Contact

YOGA EXPERIENCE

Have you had any experience of Yoga before ? Any other health of fitness activities you do?

Medical History	Y/N	Please give details
Are you on any form of medication?		
Any form of serious illness in the last 5 years including cancer, lung or heart problems?		
Any muscular or skeletal problems including arthritis, rheumatism osteoporosis back or hip problems?		
Any digestive issues egg diabetes, constipation kidney or similar problems		
Any circulation problems, blood pressure of heart problems?		
Are you prone to colds sore throats etc		
Have you ever had any problems with depression or other metal health issues		
Do you smoke? If so, how much a week?		
Any gynaecological problems are are you pregnant or planning a pregnancy		
Any other issues?		

Please help me to keep my records up to date by agreeing to inform me of any changes in your health that could affect your yoga practice and, for female students, if you become pregnant. You can contact me in confidence at any time by telephone or email.

Please note: I will not pass your information on to third parties. However I will contact you via email or text from time to time regarding classes or sessions that you have signed up for. If at any time you wish to be removed from the list please let me know.

Do you wish to be informed of any workshops or new classes that I run Yes No

Are you happy you be adjusted in class Yes No

By signing this form you agree to the terms and condtions which can be found at www.donnawalton.yoga

Signed Date