

Health form for hatha yoga

All information will be treated in the strictest confidence

Name:

Address:

Phone:

e-mail:

Please tick if you are suffering from any of the following symptoms or conditions. Please give full details of the stage of pregnancy that you experienced them.

Symptoms/conditions	√	Details of where and when
Athritis		
Osteo-Athritis		
Heart conditions		
Allergies		
Back pain/Sciatic pain		
Osteoporosis		
Stroke		
Any spinal cord problems		
Any joint problems		
Diabetes		
High Blood Pressure		
Low Blood Pressure		
Any ulcers		
Other		
FOR WOMEN:		
Did you have children, if yes how old are they		
Is your cycle regular?		
Are you pregnant		

Have you suffered any injury or undergone any surgery (e.g. caesarean section, knee surgery, spinal cord) that may have some impact on your yoga practice?

Are you taking any form of medication that may have some impact on your yoga practice?

Have you studied yoga before?

What do you hope to gain from this class?

How did you learn about this class?

Would you like to receive further information about yoga, related events or planned workshops via email?

Thank you for completing this form