

Health Questionnaire for New Students

All information is strictly confidential and will be kept on paper only.

Name	
e-mail:	
Tel: Home	Mobile
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?	
Do any of these health conditions apply to you?	If yes, please give details:
High/Low blood pressure	Yes/No
Arthritis	Yes/No
Diabetes	Yes/No
Epilepsy	Yes/No
Heart problems	Yes/No
Asthma	Yes/No
Depression	Yes/No
Detached retina	Yes/No
Recent fractures/sprains	Yes/No
Recent operations	Yes/No
Back/Neck problems	Yes/No
Knee problems	Yes/No
Recent pregnancy	Yes/No
Are you pregnant?	Yes/No
Hernia	Yes/No
MS	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:	
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