**Activity Health Questionnaire**

Surname………………………………………………………………………………Title…………………………………………

First Name……………………………………………………………………..Dob………………………………………………..

Address……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………Postcode………………………………………

Contact Phone No…………………………………………………

E-Mail……………………………………………………………………………………………………………………………………….

How did you hear about us Recommendation/Web/Other……………………………………………………..

**Health History**

**Do you suffer or ever suffered of any of the following?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Thyroid problems | Yes | No |  | Eye problems | Yes | No |
| Heart conditions | Yes | No | Bone/joint problems (e.g.Arthritis/osteoporosis) | Yes | No |
| Rheumatoid arthritis | Yes | No | Cancer | Yes | No |
| Epilepsy/Seizures/Fainting | Yes | No | Recent surgery | Yes | No |
| Asthma or other respiratory conditions | Yes | No | Digestive problems | Yes | No |
| Diabetes | Yes | No | Headaches | Yes | No |
| Recent Surgery | Yes | No | Allergy | Yes | No |
| Blood pressure issues | Yes | No | Panic Attacks/Anxiety | Yes | No |
| Recent Fractures/Sprains | Yes | No | Depression | Yes | No |
| Spine/Back Problems | Yes | No |  |  |  |  |

Are you going through menopause?.....................................................................................................

Are you pregnant? If so, how many weeks……………………………………………………………………………………….

Please give details of any of the above including regular medication you are taking, or anything esle about you health and wellbeing that you feel the instructor should know.

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|  |  |  |  |
| --- | --- | --- | --- |
| Have you done yoga before? | Yes | No |  |

What are your reasons for doing yoga? (e.g. strength, flexibility, stress relief, refered by doctor/physio, meditation)

………………………………………………………………….………………………………………………………………….…………………

**Data Protection Policy**

I take your privacy very seriously and will only use your personal information for my own use to improve your sessions and will never share it with third parties\*(current exception to this is in the event of needing to release contact information to the Test and Trace team to help prevent the spread of Covid19). From time to time I would like to contact you via email to keep you up to date on offers and activities. Are you okay with this?

Y N

**In Yoga Practice**

* Always warm up gradually and work at your own pace
* Never force your body into any posture during the class, rather work within your bodies limitations at all times
* Be patient and allow gradual progression
* Feel free to stop and rest at any time. Yoga is not a competition, it is your own personal exploration of your mind and body.
* While some stiffness may occur, you should never feel pain
* If you experience any difficulties with a posture, please notify the instructor who will be able to assist you and suggest modifications.

**Declaration of Student**

The information I have given in this form is correct to the best of my knowledge. I have read and understood that fitness activities involve a risk of injury and I confirm that I am voluntarily participating in these activities with the knowledge of the potential risks involved. I hereby agree to assume and accept all such risks. I confirm that I have either had a physical examination and I have been given my doctors permission to participate, or that I have decided to participate in the activities without the approval of my doctors and do hereby assume all responsibility for the consequences of my participation. I will act with all due care and safeguard my own safety and that of fellow students. I will also inform my yoga teacher of any changes in my medical condition that may have occurred, including injuries, prior to each class.

Student Signature

Date

This questionnaire is valid for a maximum of 12 months from the date of completion or until any information on it changes.