

Yoga at The Oaks, Normandy
QUESTIONNAIRE

Name:

Address:

Phone numbers:

Email address:

Where/how did you hear about my classes?

Occupation:

Date of Birth:

Have you done Yoga or Relaxation & Meditation before? Please describe & specify how much.

Why have you decided to come to this course & what you would like to gain from the classes?

Please indicate with an **asterisk*** if you have a **history** of any of the following conditions.
If the condition is **current** please **tick**.

Anaemia	Diabetes	Hearing problems
Anxiety	Digestion problems	Heart problems
Arthritis	Dizziness	Hiatus Hernia
Back pain (low/middle/upper)	Elimination problems	Pre-menstrual symptoms
Blood pressure (high/low)	Epilepsy	Menstrual difficulties
Cancer	Ear problems	Menopausal symptoms
Circulation problems	Eye problems	Panic attacks
Depression	Hay fever or other allergies	Insomnia
Skin problems	Stress	Migraines or headaches

Do you suffer from **Angina**? If so, do you have a heart spray? Please always bring it to class.

If you suffer from **Epilepsy**, please speak to me in private before your first class.

Do you suffer from **Asthma**? If so, please always bring your blue inhaler to class.

Are you **Diabetic**? If so, please always bring a form or glucose with you to class.

Do you have or have you had **Cancer**? Please give more info re type, treatment etc below.

Women - Are you **pregnant** or do you think you may be? Are you trying for a baby at this time?

ADDITIONAL INFO

Please describe any movement that may cause you problems (draw stick figures to show); any injury, illness/disorder; recent operation, physical disability, relevant medical history, current medication, relevant problems or situations/circumstances which are not previously mentioned.

If you have a medical condition/injury or history of a medical condition/injury, or are in any doubt about your general state of health – I advise you to gain your doctor’s permission to attend my yoga or my other classes/courses before your first class or at the time this occurs.

“Although I understand that all reasonable precautions will be taken to ensure my well-being during the classes & workshops, I agree to take full responsibility for myself and my actions.”

Signed:

Date: