



YOGA MOVES

New Student Health Questionnaire

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

Name:					
E-mail (please print carefully):					
Tel	Home:			Mobile:	
Address:					
Postcode:					
Age group	Under 16	17-34	35-44	45-64	65+
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?					

Which aspects of yoga most interest you / brought you to Yoga Moves ? Please tick as many as you wish:

- Physical postures (asanas) Relaxation Getting a good workout Build strength
- Increase flexibility Breathwork (pranayama) Meditation Healing Chanting
- Type of yoga e.g. Ashtanga / vinyasa flow / hatha

Other aspects (please say which):

Do any of these health conditions apply to you? If yes, please give details:

High blood pressure	Yes/No	
Low blood pressure/fainting	Yes/No	
Arthritis	Yes/No	
Diabetes	Yes/No	
Epilepsy	Yes/No	
Heart problems	Yes/No	
Asthma	Yes/No	
Depression	Yes/No	
Detached retina/other eye problems	Yes/No	
Recent fractures/sprains	Yes/No	
Recent operations	Yes/No	
Back problems	Yes/No	
Knee problems	Yes/No	
Neck problems	Yes/No	
Recent pregnancies	Yes/No	
Are you pregnant?	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, please give details:		
How did you first hear about this class / Yoga Moves?		
Do you have any objection to receiving information about Yoga Moves classes, events, retreats via email? Yes/No		

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
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Thank you very much for filling in this form

