

Name:

Address:

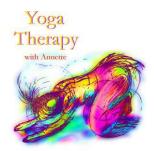
CONFIDENTIAL HEALTH QUESTIONNAIRE for Annette Cohen Therapies

Annette Cohen needs to know of any problems or limitations you might face in order to make necessary modifications for you. Please complete pages 1-2 of this form and return to me prior to starting classes. Please contact me before class if you would like to talk further about any health conditions/concerns. I will contact you should I need further information about any health condition(s) you have identified. All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Date of Birth:

Post Code:

Telephone Number:		Email Address:			
Please indicate your preferred Post Email Telephone	choice(s) of	communication:			
Emergency Contact Name:		Emergency Contact Telephone Number:			
Please read carefully and answer the following questions honestly by indicating YES or NO and giving any further details where necessary.					
Do any of these health	Yes/No	If yes, please give details, including any medication prescribed			
conditions apply to you?	1 63/140	in yes, please give details, incloding any medication prescribed			
Anxiety					
Arthritis					
Asthma					
Auto-immune condition, e.g. ME/MS/Lupus					
Back problems					
Circulatory problems, e.g. varicose veins					
Depression					
Detached retina/other eye					
problems					
Diabetes					
Epilepsy					
Heart problems					
Hernia					



High blood pressure				
Knee problems				
Low blood pressure/fainting				
Neck problems				
Recent fractures/sprains				
Recent operations				
Recent pregnancies				
Are you pregnant?		Include how many weeks		
Do you have any other condition, injury, illness, sensory loss or disability which you consider I Yes/No should know about?				
If yes, please describe this and its impact on you:				
Please let me know what I can do should you experience any difficulties related to conditions indicated on this form and/or what your requirements are so that I may take appropriate action.				

HEALTH DECLARATION

I also understand that it is my responsibility to:

- Check with my doctor if I have any difficulties or concerns about my suitability for treatments
- Inform Annette Cohen of anything that might affect my ability to participate in treatments
- Bring to the Annette's attention, before I have a treatment and report any changes to my medical conditions and/or health concerns.
- Follow the advice given by my doctor and/or Annette Cohen.

Name (please print):	Signature:
Date:	

Additional Information to Note

If you are in any doubt as to whether a treatment is appropriate for you, please seek the opinion of your GP or specialist and notify Annette Cohen accordingly, they may ask you to provide a written opinion.

Whatever you are participating in (online, in person or one-to-one), please remember to listen to your own body. It is always your responsibility to practise in a way that feels comfortable and right for you. If you have any doubts always ask for further guidance from Annette Cohen

Annette Cohen Yoga Therapist is committed to ensuring protection of all personal information that she holds, and to provide and to protect all such data. and recognises her obligations in updating and expanding this program to meet the requirements of GDPR.