



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.

Name:

Date of Birth:

Address:

Post Code:

Telephone Number:

Email Address:

Please indicate your preferred choice(s) of communication:

Post

Email

Telephone

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 conditions apply to you?	Yes/No	If yes, please give details, including 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?		<i>Include how many weeks</i>
Do you have any other condition, injury, illness, sensory loss or disability which you consider I should know about?		Yes/No
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.