

## CONFIDENTIAL HEALTH QUESTIONNAIRE FOR YOGA CLASSES

As your yoga teacher I need 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

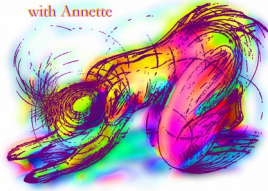
**Emergency Contact Name:**

**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.

|  |               |   |  |
|--|---------------|---|--|
| <b>Have you attended a yoga class before?</b>  |               | <b>Yes/No</b>   |  |
| <b>If yes, how long have you practised yoga and what style of yoga have you practised?</b> |               |   |  |
|  |               |   |  |
| <b>Do any of these health conditions apply to you?</b>                                     | <b>Yes/No</b> | <b>If yes, please give details, including any medication prescribed</b> |  |
| 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> |
| <b>Do you have any other condition, injury, illness, sensory loss or disability which you consider I should know about?</b>  |  | <b>Yes/No</b>                 |
| <b>If yes, please describe this and its impact on you:</b>   |  |                               |
|  |  |                               |
| <b>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.</b> |  |                               |
|  |  |                               |

### STUDENT HEALTH DECLARATION

I confirm the above information is true and accurate to the best of my knowledge and that I take responsibility for my own health and safety whilst participating in the yoga class. I also understand that it is my responsibility to:

- Check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class.
- Inform my yoga tutor of anything that might affect my ability to participate in the yoga class.
- Bring to the teacher's attention, before I attend class, any changes to my medical conditions and/or health concerns.
- Follow the advice given by my doctor and/or yoga tutor.

**Name** (please print):

**Signature:**

**Date:**

### Additional Information to Note

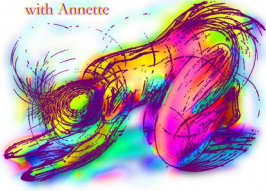
If you are in any doubt as to whether a yoga class in this tradition is appropriate for you, please seek the opinion of your GP or specialist and notify your teacher accordingly. They may ask you to provide a written opinion.

Where it is the first time you join a class with this teacher, they will ask to speak with you beforehand. This is normal and is to ensure that they are best able to meet your needs safely and provide any modifications that are appropriate for you.

Where the class is conducted online you will be given guidance for online classes. Please request this if it has not been offered to you.

Whatever class 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 the teacher.

Yoga  
Therapy  
with Annette



**Annette Cohen Yoga Therapist is committed to ensuring protection of all personal information that we hold, 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.