

Name		Male / Female
Address		
Phone	Email	
Next of kin: Name & Tel		
Date of Birth	Age	
Doctor Name & Tel		

What is your experience of yoga?	
What do you enjoy most & least in life?	
Reason for attending	

HEALTH	
Is there a specific condition or injury and when did it occur?	Yes / No
Do you have a diagnosis of a condition?	Yes / No
Has your doctor ever said you have a heart condition?	Yes / No
Do you suffer from high or low blood pressure?	High / Low / Neither
Do you take any prescribed medication?	Yes / No
Do you have a bone or joint problem that could be made worse by activity?	Yes / No
Are you pregnant or have had a baby in the last 12 months?	Yes / No
Have you had surgery in the last 12 months?	Yes / No
Do you have back pain or injury?	Yes / No
Do you know of any reason that would affect your ability to participate?	Yes / No
Have you had a recent illness?	Yes / No
Do you have any allergies?	Yes / No
If you answered yes to any of the above or believe there is something else I should know then please write here or email:	

PRIVACY NOTICE	Tick or strike through as appropriate
<ol style="list-style-type: none"> I consent to receive communication about your activities. I am over 16 years of age I agree you may keep my personal details, health information and bank details securely I acknowledge my personal details will not be shared with others I understand our session takes place online and I am responsible for my own safety I am responsible that my space is safe and a suitable area for me to take part I believe I am fit to join in and I participate voluntarily and I am responsible for my own wellbeing I agree that no claims will be made for personal injury or property damage 	
SIGN / NAME	DATE

Where did you hear about me?
