



Yoga Screening Form

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name

Address

Home Telephone Mobile

Email address

Emergency contact name / tel

Have you practiced yoga before?

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Do you participate in any other physical activity, e.g. gym, jogging, swimming, aerobics, cycling, walking etc? If so, please state how often:

.....

Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing class.
Please tick the boxes below if you have any of the following medical conditions.

These conditions require specific modifications to your yoga practice. If yes, please give details.

abdominal disorder or recent surgery	<input type="checkbox"/>
arthritis (osteo or rheumatoid)	<input type="checkbox"/>
back pain (if known cause please state)	<input type="checkbox"/>
knee problems	<input type="checkbox"/>
hip problems	<input type="checkbox"/>
shoulder or neck problems	<input type="checkbox"/>
heart disorders	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>
low blood pressure	<input type="checkbox"/>

These conditions require specific modifications to your yoga practice. If yes, please give details.

asthma	<input type="checkbox"/>
diabetes	<input type="checkbox"/>
auto-immune disorder (e.g. M.E. M.S. Lupus etc)	<input type="checkbox"/>
epilepsy	<input type="checkbox"/>
anxiety/depression	<input type="checkbox"/>
sensory disorder affecting eyes or ears	<input type="checkbox"/>
balance affecting disorder	<input type="checkbox"/>
other (to be discussed with tutor)	<input type="checkbox"/>

Are you pregnant, or have you given birth in the last six weeks?

Yes / No

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that may be adversely affected by yoga practice?

Yes / No

If yes, please provide details:

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Have you recently had any operations (in the last two years) ?

Yes / No

If yes, please provide details:

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Declaration

Please tick this box if you do not wish to declare medical information

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I confirm the above information is correct. I 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.
-  advise the yoga tutor of any change in my medical information
-  follow the advice given by my doctor and/or yoga tutor.

Name (please print)

Signed: Date: