

## YOGA HEALTH FORM

**Please complete this form to help me assess your personal needs so that more individual help and advice may be given during your class experience. All information will be kept strictly confidential.**

Name:

Address:

Date of Birth:

Occupation:

Telephone Number:

Emergency Contact:

Email Address:

Have you done yoga before?                      YES /NO  
If YES please give details (how long you practiced / what style etc.)

Do you have any illness, medical condition, disability or anything else you would like to inform me of that may impact on your ability to practice yoga?

Are you taking any medication that may affect your yoga practice?

**If you are in ANY doubt about your ability to practice yoga please consult your GP.**  
**Please advise me of any health change.**

General Information:

Please remember to leave a minimum of 2 hours after eating before practicing yoga, and to wear loose fitting clothes and socks not tights as some postures require bare feet. Jewellery may interfere with some postures.

If you have any further comments please write them here...

Declaration: By signing this form you will ensure you work to your body's ability and if you feel strained or uncomfortable you will let the yoga teacher know immediately so adjustments can be made to avoid injury.

**Signature:** ..... **Date:** .....

*Thank you very much for taking the time to complete this form.*