



New Starter Health Questionnaire Yoga + mindfulness with Linda Allam

Please complete & email back before your first class, or alternatively, print out, complete & bring to first class. If you have any mobility/health issues that may affect your practice, I need to know about them before you attend class. This is for your safety & inclusion into class. All information given will be treated in the strictest confidence & stored in accordance with Data Protection legislation. **Thank You. Linda** 20.10.2020

Name:

DOB:

Address:

Contact Tel No: (may be used to send you texts)

Emergency contact Name & No:

e-mail:

Please describe your previous yoga / mindfulness experience?

How long have you practiced yoga?

What style of yoga have you practiced?

What is your overall aim for attending YOGA practice with me?

Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other?

How regularly do you do this?

How did you hear about this class?

*The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are un-sure, please consult your GP before commencing class. **Please indicate 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

arthritis (osteo or rheumatoid)

back pain (if known cause please state)

knee problems

hip problems

shoulder or neck problems

heart disorders

high / low blood pressure



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These conditions may affect your practice and so provide useful information for your tutor.

asthma

diabetes

auto-immune disorder (e.g. M.E. M.S. Lupus etc)

epilepsy

anxiety/depression

sensory disorder affecting eyes or ears

balance affecting disorder

other (to be discussed with tutor)

Are you /could you be, pregnant, or have you given birth in the last six weeks? Yes/No

Do you have any old injuries that still trouble you and/or any other medical conditions not covered above that might be adversely affected by yoga practice? Yes/No

If yes, please provide details.

Have you had any recent operations (in the last two years)? Yes/No

If yes, please advise what the operation was.

DECLARATION

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

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 health or medical information.
- follow the advice given by my doctor and/or yoga tutor.

I also agree to comply with the handout “Conditions for attending Yoga Classes during Covid-19 Restrictions” (for those attending in-person classes).

Name (please print):

Signed:

Date:

Please indicate if you intend to join: online with Zoom / in person @ St Michaels / The Settlement / Eaglesfield