Cobra Yoga Brighton

Health Questionnaire

**ALL INFORMATION WILL BE TREATED CONFIDENTIALLY**

Name…………………………………………………. Date of Birth……………………………………..

Address……………………………………………………………………………………………………...

Contact Telephone Number………………………….. Email address………………………………

Occupation……………………………………………………

What are your goals for attending classes?...................................................................................

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Do you do any regular exercise? Yes No

If yes, what exercise ......................................................................................................................

Have you done yoga before? If yes, what is your experience and what did you enjoy about it the most?

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**Medical background**

- Have you ever been told that you have arthritic joints or any bone defect? Yes No

If yes, please give details:

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- Have you had any operations or injuries in the last year? Yes No

If yes, please give details:

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- Do you suffer from backache? Yes No

If yes, please give details:

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-Do you have any other aches or pains in your body? Yes No

If yes, where, have you received medical advice and what makes it worse?

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- Are you pregnant or have you had a baby in the last 6 months? Yes No

If yes, how many weeks pregnant are you?..........................................................

Is it your first baby? Yes No

- Do you have any of the following? Please circle

High blood pressure Low blood pressure Asthma Diabetes

Heart problems Circulatory problems (e.g. varicose veins)

Epilepsy/fits or faints Respiratory problems

- Please give details of anything else that may affect you during the yoga class:

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**CONSENT**

Please advise the instructor before commencing a session if for any reason your ability to exercise has changed.

If you have any doubts about the suitability of any exercise, you should refer back to your medical practitioner.

I confirm that I have answered all questions to the best of my knowledge. I agree to participate in yoga classes entirely at my own risk. I understand I must inform my yoga teacher of any changes to my health.

Name:…………………………………… Signed:……………………………………

Date:……………

 **PRIVACY POLICY**

* The information within this form is gathered to help me to understand your needs and to provide you with a better service.
* It will be used for internal record keeping and may be used to contact you in the event of any changes to classes/bookings.
* Your information will not be shared with any third parties.
* Periodically, I may send information by email about workshops / new classes / offers which may be of interest to you. However, you will be able to opt out of these at any time.