

Registration for Yoga

Full Name: _____ Age: _____
Tel number _____ Emergency contact number _____
Email _____

Yoga experience (please circle one)

- Complete beginner or previous experience, but a long gap since last attended
- Weekly class at least 12 months
- Foundation course/student teacher/teacher

Exercise taken regularly

YES/NO

Health information: Are you living with or have had in the past (please circle all relevant)

This information is of course CONFIDENTIAL I shall make every effort not to single anyone out; but I may mention particular modifications for conditions I have been told about.

- | | |
|--|--|
| 1. High blood pressure | 11 Multiple sclerosis or other nervous system disorder |
| 2. Heart problems e.g. angina or previous heart attack | 12 Chronic fatigue syndrome, ME or fibromyalgia |
| 3. Slipped disc history | 13 Glaucoma or other eye problem |
| 4. Other joint pains, arthritis etc | 14 Migraines |
| 5. Any joint replacement | 15 Mental health problem |
| 6. Recent injury or operation (last 6 months) | 16 Cancer |
| 7. Asthma or other respiratory problem | 17 Any allergies? Y/N |
| 8. Diabetes | 18 Pregnant or given birth in last 2 years? Y/N |
| 9. Epilepsy | |
| 10. Thyroid problems (over or under active) | |

If you have circled any of the above, would you like any special modifications in class such as practising in a chair, adapted kneeling postures etc?

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How would you rate your current sense of wellbeing?



1

2

3

4

5

6



Stress levels?



6

5

4

3

2

1



If there are any changes to my health status, I agree to inform my yoga teacher, so that alternative postures can be suggested if necessary.

Signed _____ Date _____