

# HEALTH QUESTIONNAIRE



**Yellow sections require answers** Page 3 has additional space if needed

*To be completed by yoga class participants for face to face and remote teaching. All information given will be treated in the strictest confidence and stored in accordance with General Data Protection legislation.*

Name			
Address			
Email			
Telephone - Mobile		Landline (or work)	
Date of birth		Occupation	
Emergency contact name		Telephone	

The following information is required to ensure your health. Whilst yoga may be practised safely by most people, there are certain conditions that require special attention. If you are unsure, please consult your GP before commencing class. Please mark whether or not you have any of the following medical conditions either as a current  or old  & give details of the specific problem by providing further info:

**Please indicate** - if you do not wish to declare medical information. Please be aware that your yoga teacher cannot give any modifications or alternatives that may be appropriate, for conditions that have not been declared.

Health Issue	<input type="checkbox"/>	<input type="checkbox"/>	Health Issue	<input type="checkbox"/>	<input type="checkbox"/>	Health Issue	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (osteo or rheumatoid)			High / Low blood pressure			Migraine		
Spinal injury / Disc problems			Circulation problems			Menstrual difficulties		
Unspecified back pain/ neck problems			Heart problems			Pre-menstrual symptoms		
Asthma			Abdominal disorder or recent surgery			Sleep problems		
Hay fever / allergy			Constipation			Auto-immune disorder (e.g. M.E., M.S., Lupus)		
Respiratory problems			Diabetes			Epilepsy		
Anxiety			Digestive problems			Sensory disorder affecting eyes or ears		
Depression			Cancer			Balance affecting disorder / Dizziness		
Joint problem/replacement (shoulder, elbow, wrist, hip, knee, ankle, other)								Y/N
Have you had any recent injuries, illnesses, operations or other problems (in the last 2 years)?								Y/N

**Further information:**

Do you have any old injuries that still trouble you, or any other medical conditions not covered above that might be adversely affected by yoga practice? Please list any treatment you're receiving from a doctor (condition & details of medication). Please indicate here if you are (could be) pregnant, or have you given birth in the last six weeks?

<b>Lifestyle / Activities</b>
Have you done yoga before, if so, how long did you practice for and when?
Apart from yoga, are there any other sports or activities you're involved with? How regularly do you do these?
What would you like to see change from your work with yoga?
How did you hear about this class?

**Disclaimer**

**Please read carefully; your submission of this form will be taken to indicate your understanding and acceptance of the following:**

*Please take care when filling in this questionnaire and check the contents are accurate before you submit it. By submitting the questionnaire, you are confirming that the contents are true and accurate to the best of your knowledge. Please notify your teacher of any changes to your responses in this healthcare questionnaire before participating in classes subsequent to those changes.*

*Neither your teacher – (Beth Cox) nor the British Wheel of Yoga are qualified to express an opinion that you are fit to safely participate in any British Wheel of Yoga organised sessions or any British Wheel of Yoga trained teacher's yoga classes. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt.*

*Beth Cox is an appropriately qualified British Wheel of Yoga Accredited teacher, with high standards of teaching and best practice. Where possible, Beth may offer suitable modifications or adjustments and practices to suit different levels of experience and ability.*

*Please always let Beth know before the class if this is your first-time practicing yoga or if you are not confident about your experience and/or ability. Where you are taking part in live-streamed classes, please note that Beth may not be able to see you at all times. Where you have declared a health condition, please contact Beth before the class if you would like to request that you are provided with suitable modifications or adjustments wherever possible. Please note, where you are taking part in a pre-recorded class, you will not be able to request specific adjustments or modifications.*

*In all classes whether face to face, live streamed remote or pre-recorded remote, always follow your Beth's safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement or class.*

*I confirm I have read understand and accept the terms and conditions in 2 documents linked to here...*

[YP & BWY Student Guidance: Remote Sessions 2020](#)

[Yoga Practice Student information](#)

**Name (please print):**

**Signature**

I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

**Date:**

**GDPR Statement** (View Yoga Practice Privacy Policy at <https://yogapractice.co.uk/yoga-practice-privacy-policy>)

In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

<b>Email:</b> <b>Yes</b> <b>No</b>	<b>Post:</b> <b>Yes</b> <b>No</b>	<b>Phone:</b> <b>Yes</b> <b>No</b>	Please indicate here if you would like to be added to Yoga Practice newsletter mailing list	<b>Yes</b> <b>No</b>
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**ADDITIONAL SPACE:** If you need to add extra information please use the space below: