**Health Questionnaire for New Students**

*All information is strictly confidential and will not be shared in any capacity.*

**Basic Information**

Name: Email *(please print carefully):*

Telephone: Address:

Age Group: Under 18 19 - 34 35 - 44 45-64 65+

**Previous Experience**

Have you done Yoga before? Yes No

If yes, what type(s) and for how long?

What is your main reason for wanting to do Yoga?

Which aspects of Yoga most interest you? *(Please check all that apply)*

Physical postures (asanas) Breathwork (pranayama) Relaxation technique

Meditation technique Chanting & healing Lifestyle

Other *(please specify):*

**Health History**

Do any of these apply to you? *(If yes, please specify condition)*

High Blood Pressure Detached retina/eye issues

Low Blood Pressure Recent fractures/sprains

Arthritis Recent operations

Diabetes Back problems

Epilepsy Knee problems

Heart Problems Neck problems

Asthma Recent pregnancies

Depression Currently pregnancies

Do you have any other conditions which a ect your mobility or are likely to cause concern when doing Yoga?

**I take full responsibility for my health during this course, including any injuries. I will inform the instructors of any medical changes that would alter my performance during the completion of these courses.**

**Signature** **Date**