

STUDIO YOGA HEALTH QUESTIONNAIRE

1

NAME.....

ADDRESS

MOBILE/TEL.....

EMAIL ADDRESS.....

(We have never and will never share email addresses with third parties)

Emergency contact name..... Tel.....

Please check this box to give consent for us to contact you by text/email, so we can remind you when your class starts, or if it's cancelled and send you an occasional newsletter

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1. Why do you want to come to Yoga/Pilates; is there anything in particular you hope to achieve?
 2. Have you been to a Yoga, Pilates or Barre class before? If YES please give details .
 3. Are you happy for the teacher to adjust you (i.e. to place her/his hand on you to adjust your posture)?
 4. How did you hear about Studio Yoga - eg word of mouth, advert, online search?
 5. Do you participate in any other physical activity? e.g. gym work, running, swimming, tennis, riding, cycling, walking etc? If YES how regularly do you do this?

The following information is required to ensure your safety in our classes. Whilst yoga and Pilates can be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing classes.

6. Do you have any current back problems or a history of back problems (lower back ache, sciatica, bulging disc etc)?
7. Do you have arthritis, pain or limited movement in any joints, e.g. knees, hips, shoulders? Are there any positions or movements that cause you pain? If YES please give details.
8. Do you have osteopenia or osteoporosis? If YES please give details, including your most recent DXA scan T-score.

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- 9. Do you have balance problems due to dizziness or ever lose consciousness, feel faint or dizzy?
- 10. Are you pregnant, or have you been pregnant in the last 12 months? Were there any complications?
- 11. Have you had an operation or serious illness in the last 2 years? If YES please give details.
- 12. Do you have any old injuries that still trouble you? If YES please give details.
- 13. Please indicate if any of the following conditions apply to you and give details where applicable:

Asthma

Auto-immune disorder

Depression

Diabetes

Epilepsy

Glaucoma

Heart Problems

Hernia

High/Low blood pressure

Hyper-mobile joints

Joint replacement

Menstrual or Menopause problems

Migraine

Prostate problems

Respiratory problems

Sensory disorder affecting eyes/ears

Stress

Other (please state)

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

I confirm that 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/Pilates class
- inform the teacher of any changes in my medical condition
- follow the advice given to me by by doctor and/or Yoga/Pilates teacher
- observe the techniques and instructions given regarding safety while participating in a class

I understand that refunds cannot be given once a Yoga, Pilates or Barre course has started if I decide not to continue with it, or for any sessions that I miss as part of that course.

SIGNED.....

DATED.....