



Reaching the peace that dwells within ...

Full Name:	Date of Birth:
Address:	Tel No: Mobile: Email:

Have you done yoga before? YES/NO If so what type and how long?

Why do you want to come to a yoga class? Which aspects of Yoga most interest you? Please tick as many as you wish.

- | | | |
|---|---|--|
| <input type="checkbox"/> Strength & Flexibility | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Mental/Emotional Wellbeing | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Better Posture | <input type="checkbox"/> Physical Postures (Asanas) | <input type="checkbox"/> Chanting |
| <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Breathwork (Pranayama) | <input type="checkbox"/> Other (please note below) |

Do any of these health conditions apply? If yes please give details below or overleaf

- | | | |
|--|---|--|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> IBS |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Neck Problems | <input type="checkbox"/> Knee Problems |
| <input type="checkbox"/> Recent fracture/sprain | <input type="checkbox"/> Recent Operation | <input type="checkbox"/> Recent Pregnancy |

Please give details of health conditions or any other conditions which may cause you concern when doing Yoga:

I have read and understood the questions above and have supplied the correct information to the best of my Knowledge. I take responsibility for myself in the yoga class and will inform my teacher of any medical changes.

Signed Date