



BALANCE & HARMONY YOGA

HEALTH QUESTIONNAIRE

The following information is required for your safety. If you have any specific medical concerns or have an existing health condition it is best to consult with your GP before attending a yoga class.

Name	
Date of Birth	
Address	
Tel / Mobile	
Email	

Medical History

1. Have you had any injuries in the last 5 years?

Yes	No
-----	----

2. If 'Yes' to question 1 above question, please give more details.

--

3. Are you taking any prescribed medication?

Yes	No
-----	----

4. If 'Yes' to question 3 above question, please provide details below.

--

5. Are you receiving treatment for any diagnosed medical condition(s)?

Yes	No
-----	----

6. If 'Yes' to the question 5 above, please provide more details below.

--

7. Have you had any recent operations?

Yes	No
-----	----

8. If 'Yes' to question 7 above question, please provide additional details below.

--

The following medical conditions require modifications to your yoga practice. Please indicate below whether you have had or still have any of the medical conditions listed below.

Abdominal disorder or surgery		Hip problem	
Arthritis (osteo or rheumatoid)		Shoulder problem	
Unspecified back pain / problems		Neck problem	
Spinal injury		Heart disorders	
Joint replacement		High blood pressure	
Knee problems		Low blood pressure	

Please indicate if you ever experience any of the following symptoms.

	Yes	No
Unusual shortness of breath with very light exertion		
Pain, pressure, heaviness, or tightness in the chest area		
Unexplained pain in the abdomen, shoulder or arm		
Severe dizzy spells or episodes of fainting		
Regular lower leg pain during walking that is relieved by rest		
Palpitations or irregular heartbeats		
Are you currently pregnant or have you given birth in the last 6 months		

Student Declaration

Signature

Print Name

Date

--	--	--

Please inform the teacher if any of the above changes