

Pre-Class Questionnaire

We want to be able to look after your health and wellbeing right from the first yoga session, and to do this we will need to ask you some questions about your medical history. This simple but important questionnaire will help us to guide you through a safe yoga practice. In most cases we can adjust or exclude postures to ensure any condition you may have is not aggravated by your practice. All information will be treated in the strictest confidence.



Name: _____ Date of birth: _____

Address: _____

Postcode: _____ Email: _____

Home tel: _____ Mobile tel: _____

Please tick box

Please tick box

1. Have you done yoga before? Y / N
if yes, what type of yoga did you practise and how long for?

10. Have you had a recent operation/injury/chronic illness? Y / N
if yes please provide details.

2. Why do you want to practise yoga?

11. Is there any reason why you should not participate in exercise? Y / N

3. Do you now have, or have you had in the past twelve months:
History of heart problems? Y / N
History if heart problems in your immediate family? Y / N
High blood pressure? Y / N
History of lung problems? Y / N

12. Do you smoke? Y / N
if yes, how many per day?

13. Are you taking any drugs or medication? Y / N
if yes please provide details.

4. Do you suffer from asthma or any other respiratory problems? Y / N

14. Are you pregnant or post natal (baby under 6 mths) ... Y / N

5. Do you suffer from headaches, fainting or dizziness? Y / N

15. Are you a newcomer to exercise? Y / N

6. Do you suffer from pain or limited movements in any joints? Y / N

16. Please give details of any other illnesses or injuries suffered if not covered above.

7. Do you suffer from back problems? Y / N

8. Do you suffer with epilepsy? Y / N

9. Do you suffer with diabetes? Y / N

I declare to the best of my knowledge that the information given above is correct.

Signed: _____ Date: _____

Thank you!