

Sydney Yoga School
156 Macquarie Street, Windsor NSW 2756

Health Questionnaire

Personal Details

- First Name
- Last Name
- Mobile No (required)
- Home Phone No
- Email (required)
- Date of Birth (mm-dd-yyyy)
- Address

Emergency Contact Details

- First Name (required)
- Last Name
- Mobile No (required)

Questionnaire

1. Have you attended a yoga class?
2. If yes, how long have you practiced yoga and what style of yoga have you practiced?

3. The following information is required to ensure your safety. Whilst most people may safely practise yoga, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please circle or highlight if you have any of the following medical conditions.

- Abdominal disorder
- Recent Surgery
- Unspecified back pain/ problems
- Joint replacement
- Hip problems
- Heart disorders
- Low blood pressure
- Arthritis (osteo or rheumatoid)
- Spinal injury
- Knee problems
- Shoulder or neck problems
- High blood pressure
- Other

4. These conditions may affect your practice and so provide useful information to modify and focus on improvement.

- Asthma
- Anxiety/depression
- Epilepsy
- Respiratory issues
- Sensory disorder affecting eyes or ears
- Diabetes
- Auto-immune disorder (e.g., M.E. M.S. Lupus)
- Disorders affecting your balance
- Migraine
- Other

5. Have you had any recent operations (in the last two years)?

6. Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice?

7. Are you /could you be, pregnant, or have you given birth in the last six weeks?

8. Do you participate in any other physical activity, e.g., gym, jogging, swimming, aerobics, cycling, walking or other? If so, how regularly do you do this?

9. How did you hear about these classes?

DECLARATION

I accept the terms of service below

I confirm the above information is correct and that I take responsibility for my own health and safety whilst participating in the yoga class. I also 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 class
- advise the yoga tutor of any change in my medical information or ability to participate in the yoga class
- follow the advice given by my doctor and/or yoga tutor

Name & Date

DATA PROTECTION

To comply with the General Data Protection Regulations, it is necessary to check whether, or not, you are happy for me to retain your contact details, and to email you information I think will be useful to you, including training and events, and relevant updates. I only hold information when it is necessary for me to conduct my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate below your preference(s) or otherwise, when contacting you.

- Email
- Mobile (text)

Please note that you can amend these choices at any time by contacting your tutor.

Please email a completed copy of the document to skanda@sydneyyogaschool.com