Simply Soulful Yoga – Health Questionnaire

How did you hear about Simply Soulful Yoga?

Would you like to sign up to my newsletter? **YES/ NO** (if yes, please supply email address below)

Your personal information will only be used for marketing communications relating to my business, which I think may be of interest to you. I do not share, or sell, or disclose personal data with third parties (except as set out within my Privacy Policy, which can be viewed on my website). You can update your subscription preferences anytime on my website.

Participant name and address	Home Tel Mobile Tel Email
Participant date of birth Age Gender	Name of emergency contact Tel Relationship to you

Have you recently had (12 months) or do you have now, any of the following?

Thrombosis, embolism, phlebitis	Yes	No	If yes, please give details….
Infectious conditions, recent accident or surgery	Yes	No	
Cancer, stroke, heart attack	Yes	No	
Diabetes, asthma, epilepsy, black outs	Yes	No	
Arthritis – Osteo/ rheumatoid	Yes	No	
Sciatica, nerve damage, repetitive strain injury	Yes	No	
Hearing, sight, kidney, bladder disorders	Yes	No	
Respiratory, digestion disorders	Yes	No	
Oedema, varicose veins, hernia	Yes	No	
High/ low blood pressure, heartburn	Yes	No	Do you wish to add anything else that may affect your safety?
Sleep disturbances, headaches, migraines	Yes	No	
ME/ Post Viral Fatigue Syndrome	Yes	No	
Anxiety, stress, depression	Yes	No	
Dislocation or hypermobility of the joints	Yes	No	
Pregnant, breast feeding, postnatal, trying to conceive	Yes	No	
Miscarriage/ menstruation imbalance/ IUD (Coil)	Yes	No	
Bone fracture or injury – Shoulder, back, ankle/ foot, arm/elbow, hip/ pelvis, head/neck, wrist/ hand, knee/leg	Yes	No	

Are you currently taking medication? Please give details….	Do you have any known allergies? Please give details….

Have you practised yoga? If yes, please give details….. (how long, style, etc.)

What would you like to achieve from your yoga session?

Do you give consent for me to guide you with gentle hands-on alignment during class? **Yes/ No**

Release of liability: I understand that yoga may be physically strenuous. I participate voluntarily with the knowledge that there is a risk of personal injury. I accept SIMPLY SOULFUL YOGA is not liable for death, personal injury, loss or damage suffered. I understand that it is my responsibility to advise the instructor at the beginning of each session if I have any changes in my health. I understand that whilst my personal details will be held in confidence, I give my permission for my personal details to be passed onto a medical professional in order to assist with any emergency medical situation that may arise.

Participant Name _____ **Participant Signature** _____

Parent Name (if participant under 16 yrs) _____ *Parent Signature (if participant under 16 yrs)* _____

Date _____