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)

Where relevant, by subscribing to the Simply Soulful newsletter, you consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy, which can be viewed at https://www.simplysoulful.co.uk/privacy-policy/. You can notify us of any changes in your consent should your preferences change.

Participant name and address	Home Tel Mobile Tel Email
Participant date of birth Age Gender	Name of emergency contact Telephone 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
Do you give consent for Simply Soulful Yoga & Therapies to take photographs/ video/ digital images of you, and grant permission for these to be used for promotional activities in accordance with our Privacy Policy https://www.simplysoulful.co.uk/privacy-policy/	Yes	No

Release of liability: By completing a health questionnaire, you expressly consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy which includes assessing whether a yoga class is safe and appropriate for you. The policy can be viewed at https://www.simplysoulful.co.uk/privacy-policy/. You understand that it is your responsibility to notify us of any changes in your health so that we can ensure classes continue to be appropriate for you. Except as set out within the policy, we do not share, sell, or disclose to a third party, any information collected through health questionnaires (exceptions: emergency services, insurers, professional advisers, legal authorities). You acknowledge physical activities may be strenuous. You participate voluntarily with the knowledge that there is a risk of personal injury and that Simply Soulful Yoga & Therapies is not liable for death, personal injury, loss or damage suffered. **You confirm you have read Simply Soulful Yoga Terms & Conditions.**

Participant Name _____ **Participant Signature** _____

Parent Name (if participant under 18 yrs) _____ *Parent Signature (if participant under 18 yrs)* _____

Date _____