



First Name	Home Address
Surname	
Date of Birth	
Occupation	Mobile Number
Email Address	Telephone Number

Have you done yoga before?	If Yes, for how long, and what style?
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Do you suffer from?	
Menstrual trouble?	Chest complaints?
Epilepsy?	High blood pressure?
Hiatus Hernia?	Migrane?
Arthritis?	Eye trouble?
Back trouble?	Heart trouble?
Are you pregnant?	If so - due date?
Any problems with pregnancy, eg bleeding?	

Childs' First Name	Any medical conditions / allergies / operations
Childs Surname	
Date of Birth	Current Age

Please list any other injury, physical disability or recent operations	
It would be helpful to know if you are taking any prescribed or non-prescribed drugs	
Please state briefly why you are interested in yoga	
Where did you hear about this class?	
It can useful to have guidance via physical touch / adjustment... Please indicate here if you do not want physical contact in class	
Signature	Date



I agree to terms and conditions as stated on the website. This information will be treated in the strictest confidence by your yoga teacher. Please note that yoga is done at your own risk. No responsibility can be accepted for any injury incurred whilst on these premises. It is not wise to try to do yoga under the influence of alcohol or drugs.

Please continue overleaf should you need to.