



Claire Winterbourne

yogafeet

## Yoga Health Form

The information requested on this form will enable me to offer you the safest and most appropriate yoga postures for your current level of health. All information will be treated as confidential.

### Your Details

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Claire Winterbourne Yogafeet would like to contact you with news and events that may be of interest to you From time to time. Please tick this box if you would like to be included in email updates

Date of Birth: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

GP Practice: \_\_\_\_\_

### Your Yoga

Have you ever done yoga before? (please circle one) Yes / No

Details of previous practice: \_\_\_\_\_

What do you hope to achieve from your yoga practice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Health

Please review the health conditions / symptoms below and tick any which apply to you, providing further details where appropriate:

- |  |   |
|--|---|
| <input type="radio"/> High blood pressure            | <input type="radio"/> Recent operations             |
| <input type="radio"/> Low blood pressure / fainting  | <input type="radio"/> Back issues                   |
| <input type="radio"/> Osteoporosis                   | <input type="radio"/> Neck issues                   |
| <input type="radio"/> Arthritis                      | <input type="radio"/> Shoulder issues               |
| <input type="radio"/> Epilepsy                       | <input type="radio"/> Hip issues                    |
| <input type="radio"/> Heart problems                 | <input type="radio"/> Knee issues                   |
| <input type="radio"/> Depression                     | <input type="radio"/> Ankle issues                  |
| <input type="radio"/> Asthma                         | <input type="radio"/> Recent pregnancies            |
| <input type="radio"/> Detached retina / eye problems | <input type="radio"/> Are you pregnant?             |
| <input type="radio"/> Recent fractures / sprains     | <input type="radio"/> Any other medical conditions? |

Details of above: \_\_\_\_\_

Is there anything else which you think I should be aware of?: \_\_\_\_\_

## Understanding

Yoga is an individual experience, and in a group class I will make every effort to enhance this experience for you.

Participation in class includes, but is not limited to, yogic breathing, meditation and posture. Yoga postures or asana are designed to exercise every part of the body: stretching, toning and increasing the flexibility of muscles, joints, the spine and entire skeletal system. They also work on the internal organs, glands and nerves.

Please provide your own mat, which you can lay on top of mine. Please also bring a blanket and any other yoga props you might like to use. Decision for this always rests with the student.

I will not offer hands on assists at this time.

As is the case with any physical activity, the risk of injury is always present and you are advised to proceed and progress at your own pace. Before the start of each class, please notify me of any changes to your health, such as recent injury, illness, surgery or pregnancy.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for taking the time to complete this, and I look forward to teaching you

**Claire x**

