

Pinewood Yoga

Health Questionnaire

Full Name:

Address:

Date of Birth

Phone/Mobile:

Emergency contact:

Email:

Have you done any yoga before?

If so, for how long and what style?

Do you have any medical issues relating to the following? (please tick)

Joints

Allergies

Back

Epilepsy

Heart

Diabetes

Chest

Arthritis

Eyes

Varicose veins

Ears

Please give details:

Do you smoke?

Are you pregnant?

Do you have any other injury, illness or recent operation?

Please discuss any medical issues with your doctor before starting.

I, the undersigned, participate in yoga classes at my own risk.

Signed

Date