

## The Yoga-Lounge Health Questionnaire

So that we can ensure you are safe to practice please complete this health questionnaire.

For most people, Yoga, Pilates and Dance should not pose any problem or hazard. This health questionnaire is designed to identify any risks these activities may pose to individuals, it also enables the teacher/instructor to have some background knowledge of their client(s).

*All information will be treated confidentially.*

Have you ever been **diagnosed** by a professional to have or previously had any of the following medical conditions, please tick and give details below;

Heart Conditions  
High Blood Pressure  
Low Blood Pressure  
Arthritis  
Osteoporosis  
Disc Related Injuries  
Lung Conditions i.e. Asthma  
Diabetes  
Epilepsy  
Gynaecological Problems  
Eye Conditions  
Mental Health Disorders  
Cancer  
Any other Medical Conditions i.e Migraines, Sciatica, Digestive

Have you had a recent and/or major operation/chronic illness/injury? **Yes/No**

Do you smoke? **Yes/ No**

Are you currently taking any medication of which the teacher/instructor should be made aware? If so, what..... **Yes/No**

Are you pregnant or have you had a baby in the last 6 months? **Yes/No**

Is there any other reason why you should not participate in physical activity? **Yes/No**

**If you answered yes to any questions please give further details below**

**PLEASE NOTE:**

If your health changes so that subsequently you answer **YES** to any of the questions overleaf, inform your teacher/instructor immediately.

Delay your practice if you feel unwell due to a temporary illness such as a cold or flu – do not attend class, wait until you are better.

**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE.  
ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION**

***I understand my own body's challenges and take full responsibility for my own practice at the Yoga-Lounge.***

**Full Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **DOB:** \_\_\_\_\_

\_\_\_\_\_ **Home No:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Would you like to join our mailing list to receive our Newsletter, Promotions & Events? Yes No (Please tick appropriate)**

**Occupation:** \_\_\_\_\_

**Emergency contact name, phone number and relationship to you :**

\_\_\_\_\_

**How did you hear of The Yoga-Lounge?**

\_\_\_\_\_