



Your YOGA

Health & Safety Form

Name..... Date of birth.....

Address.....

Town..... Post code.....

Tel..... E-mail.....

Emergency contact name and number.....

What are you hoping to gain?

..... Current occupation.....

How did you hear about Your Yoga?

The following information is treated as strictly confidential. Please tick if you experience any of the conditions mentioned below and provide details that may affect your ability to practice Yoga safely. This will help in the process of planning personalised experiences.

About your health:

My general health is...

- excellent
- good
- manageable
- challenging

I experience/have experienced:

- Heart condition.....
- Breathing problems.....
- Joint problems.....
- High/low blood pressure.....
- Back/neck pain.....
- Headaches/dizziness.....
- Lack of energy.....
- Depression/anxiety.....
- Other health issues.....

I am pregnant Yes No

I am currently undergoing the following treatment:.....

I am currently taking the following medication:.....

Please use the reverse if you wish to detail any other relevant personal/health information.

Disclaimer:

I take full responsibility for my own health and well-being during each and every session and when I practice anything taught from these sessions whilst in another location.

Signature..... Date.....