Private Confidential

Personal Details

Name

Address

Post Code

Tel No.

Email

Age ☐ 20 - 30 ☐ 30 - 40 ☐ 40 - 50 ☐ 50 +

Current G.P.

G.P. Address

Occupation

Medical Details

Previous Yoga History

Medical History (Past & recent illnesses, operations, accidents)

Do you Suffer from? (please tick)

On Medication	☐	Eye Problems	☐ e.g. glaucoma, detached retina
High BP	☐	Shoulder Injury	☐
Low BP	☐	Joint Injury/pain	☐
Arthritis	☐	Osteoporosis	☐
Spondilitis	☐	Hiatus hernia	☐
Whiplash	☐	Ulcer	☐
Anxiety/Depression	☐	Varicose Veins	☐
Diabetes	☐	Blood Pressure	☐
Epilepsy	☐	Thrombosis	☐
Heart Condition	☐	Headaches/Migraine	☐
Pregnant ?	☐	Carpal Tunnel Syndrome	☐

Please give further details here

What areas of Yoga are you interested in ?

Asana (postures)	☐	Philosophy	☐
Meditation	☐	Pair Work	☐

What are your main reasons for attending?

Signed

Date

IMPORTANT: If you details change it is your resonsibility to inform your teacher.