

## yoga registration form

Please complete the form in full and sign at the bottom of the page overleaf. The form should be posted to Belsize Health at the address above. Thank-you!

All information is kept strictly confidential and will not be disclosed to any third party.

Name	Date of Birth
Address	
Contact Number(s)	Email address

### Yoga Survey

*Please note that there are no right or wrong answers to the questions below! They are simply designed to help me tailor the classes to your needs.*

Have you done any yoga before? Please give details below

What do you hope to gain personally from practising yoga?

Are there any particular aspects of yoga you would like to focus on?

## Health Questionnaire

1. Do you have any medical condition or illness? Have you had recent surgery? If so please describe
2. Are you taking any prescribed medication for any condition? If so please state what type and what it is for.
3. Have you ever had any serious accident or injury? If so please describe and give date(s).
4. Do you have any respiratory problems? If so please describe
5. Do you have any circulatory problems? If so please describe
6. Do you have any joint problems? If so please describe
7. Do you have any psychological or emotional issues?
8. Are you pregnant? If so when is your due date? Any special considerations?
9. Do you have a disability or any special requirements? If so please describe
10. Is there anything else you would like me know about your health?

### **Declaration:**

In signing this form I, \_\_\_\_\_ declare that the above information is accurate and accept responsibility for any injury occurring as a result of non-disclosure of information.

Sign \_\_\_\_\_ Date \_\_\_\_\_