

Phoenix Yoga Student Questionnaire



To be completed by yoga class participants. All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name	
Address	
Telephone:	
Emergency contact information:	
Email:	
Use of email address:	<p>Would like to stay up to date with our Yoga offerings?</p> <p><input type="checkbox"/> Yes, please! I understand that you will add my details to your mailing list and I'll receive your regular newsletters. I can unsubscribe at any time using the unsubscribe link on the newsletter.</p> <p><input type="checkbox"/> No thanks. I understand that you won't be able to keep me up to date with what's happening (including term dates and class changes).</p>
Age if under 18	

General information

(These questions are optional. We use the information provided to improve the services we offer.)

If you have been to Yoga classes before, please give details:	
What would you like to achieve from your yoga class (e.g. flexibility, health, stress relief, general well-being, etc).	
Do you participate in any other physical activity (for example, going to the gym, walking, swimming, tennis, football, golf)?	
Where do you find out about us (for example, Facebook, Instagram, word of mouth)?	

All information is held in the strictest confidence (please see our website at <https://www.phoenixyogafrance.com/> for details of our privacy policy). Please use a separate sheet if you need additional space. Please inform your teacher of any changes in your medical condition. If you are receiving medical treatment or suffer from serious injury or are in any doubt about your state of health you should seek the advice of your doctor or other health professional before practising Yoga. If you have any questions, please email us or call/text us on (+33) 06 63 27 81 31. ©2024 Phoenix Yoga

Medical information

The following information is requested to ensure your safety. Whilst yoga may be practised safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class.

Please tick the boxes below if you have any of the following medical conditions (alternatively, if you prefer not to provide this information, please sign the box at the bottom of this section instead).

High/low blood pressure	Heart problems	Respiratory problems	Joint conditions (e.g. hip, knee, neck, shoulder)
Diabetes	Back pain or injury	Cancer	Osteoporosis
Depression/anxiety	Epilepsy	Circulation problems	Arthritis
Digestive problems	Balance affecting disorder	Auto-immune disorder (e.g. ME/CFS, MS, Lupus)	Headaches/ migraines
Pregnant (or could be) or gave birth in last 6 weeks	Operations in last 2 years	Hearing or sight disorder	Any injury or serious illness in last 2 years
Other (including Covid 19):			

Please provide any additional comments and relevant information including details of any treatment you are receiving or any other condition or injury you have which could be adversely be affected by Yoga practice:

Please sign this box if you do not wish to declare medical information

Do you agree to this information being shared with a supply teacher if necessary: Yes or No

I confirm that this information is correct to the best of my knowledge. I understand that it is my responsibility:

- If I have any difficulties or concerns about my ability to participate in the class to check with my doctor.
- To follow the advice I receive from my doctor and/or my yoga teacher.
- To advise the yoga teacher of any change in my medical information.

..... (Sign & date)

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