

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.

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| --- | --- |
| Name |  |
| Address |  |
| Telephone: |  |
| Emergency contact information: |  |
| Email: |  |
| Use of email address: | Would like to stay up to date with our Yoga offerings?□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.□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). |
| Age if under 18 |  |

*General information*

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

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| 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)? |  |

***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**

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 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.

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