



# THE YOGA BRANCH

07751 461 968

Bringing you Iyengar yoga classes in Kent – Ashford & Maidstone

**CONFIDENTIAL** The information you give is confidential and used solely for your welfare and safety and for facilitating communications.

YOUR DETAILS	
Name	
Address	
Postcode	
Telephone no.	Mobile no.
Emergency contact details	
Name	Relationship to you (e.g. wife, partner)
Mobile no.	
PRE-CLASS INFORMATION	
Do you have any previous experience of Yoga? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
How did you find out about the class? <input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Internet search <input type="checkbox"/> Other – please give details:	
HEALTH & SAFETY	
For your safety and also to assist with your progress in the classes, you will need to remove socks, baggy clothing and spectacles (in certain poses) during the session. Thank you for your cooperation.	
If you suffer from any of the following, then these classes may not be suitable for you: Parkinson's, HIV/AIDS, Heart Disease (Angina) or if you have had a heart attack, Epilepsy, Multiple Sclerosis, Auto-immune diseases e.g. Fibromyalgia, Myasthenia Gravis. Please contact the teacher for advice.	
General classes are not suitable for new students who are pregnant. Please contact the teacher for advice.	
HEALTH DECLARATION	
Do you have or have you ever had: <i>(If you answer yes, please give full details in the box alongside or attach a separate sheet if preferred. Example of the detail to include: Where is the pain? Is it recurring or constant? Did you have treatments? Are you still having treatment? Have you had to modify your approach to life because of it? If so, to what extent?)</i>	
Hypertension (high blood pressure) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cancer or benign tumours <input type="checkbox"/> Yes <input type="checkbox"/> No	
Osteoporosis – arthritic conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued overleaf



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Detached retina	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glaucoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meniere's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma or allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Varicose veins	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nose bleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Myalgic Encephalomyelitis (ME)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you diabetic? If so, type I or II?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crohn's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endometriosis, ovarian cysts, fibroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prolapse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an operation in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you taking any medication with contra-indications for physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you suffer from any of the following conditions, please let the teacher know: thyroid problems, low blood pressure, whiplash, restless leg syndrome, tinnitus. Also please inform the teacher before class if you are menstruating as there are certain poses that are not helpful during menstruation. In this case I will always give you an alternative pose.

Do you have problems in any of the following areas (please tick and detail in box below):

Neck     Shoulder     Back     Hip     Knee     Ankle     Elbow/Arm     Pelvis

If yes, please give details:

## DECLARATION – Please read the following declaration and sign below:-

I have completed this Pre-class Information and Health Declaration form to the best of my knowledge and have not withheld relevant details. I understand that yoga is a physical activity which may result in injury and that I undertake classes at my own risk. I consent for my contact details to be stored electronically.

Signature

Date