www.awakenedheartyoga.com.au

Awakened Heart Yoga

Health Questionnaire

Section A: Personal Information (Confidential)

Surname _____ Given name _____

Age _____ DOB _____ Sex M/F _____

Address _____

Email _____

Home Phone _____ Mobile phone _____

Occupation _____

Emergency contact:

Name _____ Number _____

Section B: Health, Medical History

Do you now, or have you had in the past: (place x in box for YES)

☐ Heart Conditions	☐ Stroke	☐ Significant difficulty with Physical Activity
☐ High Blood Pressure	☐ Palpitations (the feeling that the heart is racing or skipping beats) lasting more than a couple of seconds	☐ Chest pain, left arm pain or jaw pain with exertion
☐ Asthma	☐ Significant Breathing/Lung Problems	☐ Surgery in last 12 months
☐ Neck or Back Pain Conditions	☐ Arthritis	☐ Osteoporosis
☐ Thyroid Conditions	☐ Other relevant conditions	☐ Muscle or Joint Pain
☐ High Cholesterol	☐ Hernia	☐ Epilepsy
☐ History of cancer in the last three years, apart from minor skin cancers	☐ Significant or frequent Dizziness / Vertigo / Falls	☐ Diabetes (indicate Type I or II)
☐ Difficulties with Balance	☐ Any significant Chronic Long Term Illness	☐ Mental/Emotional problems
☐ Currently pregnant ☐ 0-3 months ☐ 3-6 months ☐ 6-9 months		

For any box you ticked, please explain below

Do you use any prescribed medication? Y / N (Please name each medication and what it is for)

Section C: Current Fitness Level

Do you do any regular exercise? If so, what type of exercise and how often?

Have you practised yoga before? If so, what system of yoga did you practice and for how long?

Section D: Goals

What are some goals you would like to achieve by practising yoga?

Section E: Advice

If you have ticked any of the conditions in **section B** you should check with your yoga teacher as to whether medical clearance will be required prior to starting a yoga class.

You must be comfortable and pain-free throughout all activities. Remain within your personal limitations. If you experience pain or discomfort in any of the practices – STOP – and seek advice.

Should you suffer any injury, illness or condition in the future, please inform your yoga teacher by asking to complete this form again.

Statement

I have answered the questions to the best of my ability & understand the advice given in **Section E**. I also understand that the Teacher cannot give me medical advice with regard to my medical fitness and that the information given will be used as a guideline to the limitations of my ability for yoga activities.

Signed (Student)		Date	

Would you like to be placed on an email data base for upcoming workshops or retreats?

Yes / No (if yes, what may interest you?)……

Are you interested in receiving information on yoga for your child or teenager?

Yes / No (if yes, what ages are they?)……

If you have any questions regarding any of the above, please contact Kate on 0403 114 393

Thank you for completing this questionnaire.