**A logo for a yoga studio

Description automatically generated Yoga practice - Physical Activity Readiness Questionnaire**

If you have any medical conditions, please consult your doctor before attending your first yoga class to ensure it is safe for you to do so. If there are any changes to your health after you have started your classes, please ensure that I am made aware. Thank you.

Full name: ................................................................................ Date of Birth: ...............................

Address: ............................................................................................................................................

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Postcode: ................................. Email: .............................................................................................

Telephone Number(s): .....................................................Mobile: ……………………………………………………

Emergency contact name/relationship & number(s): .........................................................................

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GP name and contact number: .........................................................................................................

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Please answer all the questions below (please circle Yes or No)

1. Have you had any experience of yoga? YES / NO

If YES, when and how long for and what type of yoga?

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2. Do you take part in any regular physical activity? YES / NO

If YES, please give details

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3. Do you have any heart conditions? YES / NO

4. Do you feel pain in your chest when you do any physical activity? YES / NO

5. Do you ever lose balance due to dizziness or lose consciousness? YES / NO

6. Do you have a bone or joint problem (e.g. back, knee, hip) that could be made worse by a change in your physical activity? YES / NO

7. Is your doctor currently prescribing medication for your blood pressure or heart condition?

YES / NO

8. Are you taking any other form of medication? YES / NO

If YES, please state medication and what it is for:

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9. Do you have any illnesses, medical conditions past or present, injuries, surgery, or disabilities that may affect your ability to do physical activity? YES / NO

If YES, please give details (including dates and nature of conditions/injury/surgery)

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10. Are you pregnant or have you given birth in the last 6 months? YES/NO

11. Do you suffer from stress or anxiety YES/NO

If you are unsure about any condition or illness and the bearing this could have on your yoga practice, please consult your doctor before attending any yoga class.

12. Do you consent to hands on adjustment when appropriate in class? YES / NO

Please read the information below and sign at the end of your agreement.

I understand that I participate in all yoga classes entirely at my own risk and any loss, damage, injury or any other mishap will not be the responsibility of the class organiser or teacher.

I understand that it is my responsibility to inform the teacher of any change in my health, physical abilities, or any other details provided above.

I understand that refunds will only be given if the class is cancelled by the teacher.

I am aged 18 or above (classes are for adults only)

Participant name: .......................................................................................................

Participant signature: ............................................................Date: ...........................

Thank you for completing this form.

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: ………………………………………………………. Date: …………………………………..

The information supplied on this form will be kept in the strictest of confidence and subject to the constraints of the Data Protection Act 1998.

**General Questions:**

What do you wish to achieve by coming to yoga classes? …………………………………………………………………

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How did you hear about the class? ………………………………………………………………………………………………….

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