



Hatha Yoga - Health Form



Name:	Date of Birth:
Address:	Email Address:
	Mobile Number:
Doctors Surgery:	Doctors Number:

Have you ever had any injury, illness, back or joint condition that may be aggravated by exercise?	YES/NO
Have you ever had arthritis, asthma, epilepsy, hernia, dizziness, gout, circulation problems, varicose veins, or an ulcer?	YES/NO
Do you suffer from migraine/headaches or stomach pains?	YES/NO
Have you ever had a heart condition, high or low blood pressure, rheumatic fever, stroke, high cholesterol, diabetes, palpitations, murmurs or pains in the chest?	YES/NO
Are you now, or have you recently been pregnant?	YES/NO
Have you had a serious operation within the last 12 months, or a minor operation within the last 6 months?	YES/NO
Are you taking any prescribed medication? Please state:	YES/NO
Do you have any other condition that might be reason to modify your exercise programmes such as serious eye conditions eg glaucoma and detached retina?	YES/NO

If you have said **YES** to **ANY** of the above, or you need to make your me aware of any other conditions that may be made worse by exercise, please give brief details in order for me to adapt postures to your personal needs. (Please continue overleaf if necessary)

Terms and Conditions

I require all students to pay for the term in full. This cost will vary depending on the length of the term. However if you are new to the class I offer a **free** taster session. If you like the class and wish to continue then payment for the remainder of the term is due. Once the term has been paid for, I am unable to offer a refund or to carry fees over to the following term. If I have to cancel the class, then I will offer an additional class/classes free of charge.

I will endeavor to ensure that you are not exposed to unnecessary risk during this course, but the responsibility for participating in any exercise or individual activity rests with you. It is important that you inform me of any relevant medical condition you have. Before starting any exercise programme it is vital you discuss any medical concerns with your GP and confirm with them that your chosen exercise course is safe for you. If any problems arise during this course please seek medical advice and inform me, as you may need to complete a new form.

Signed:	Date:
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