

HOLISTIC YOGA

with Ina Dittfurth



Personal details

Family name	
Given name(s)	
Address	
City/country	
Postcode	
Date of Birth	
Telephone No.	(home) _____ (mobile) _____
Email address	
Occupation	
GP name and address	

Yoga, exercise and other non-medical details

Previous Yoga experience (No. of years, style/school)
Previous meditation experience (No. of years)
Regular exercise/fitness level
Where did you hear about us?
What do you expect to achieve by doing Yoga?

General health and medical details

General Health	
Body structure in discomfort (please identify)	

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Medical details (please tick relevant boxes)

Weight problems Heart condition Arrhythmia Blood pressure high low Blood or circulation problems Diabetes Respiratory problems Arthritis Musculoskeletal / orthopaedic problems Back/neck problems Surgery Hernia Allergies	Glaucoma / visual problems Swallowing problems Hearing problems Dizziness Anxiety Depression Neurological problems Epilepsy History of falls Knee / hip / shoulder replacement Fear of falling Menstrual problems Pregnancy / birth within last year
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Any other relevant medical history and/or movement contraindications
Any current treatments
Medication

- I declare that the information I have been given here is correct and as far as I am aware I can participate in Yoga classes without any adverse effects.
- I understand that the teacher being aware of my health condition(s) is a requirement for practicing Yoga and that it is my responsibility to keep the teacher up to date on my health situation.
- I understand that should I have any concerns regarding Yoga practice, I should consult the teacher before continuing and my GP is required.
- I understand that my body is my responsibility and that should I be uncomfortable or in pain during an exercise, I need to talk to the teacher at the time so that suitable variations can be provided.
- I understand that this form is strictly confidential and is solely for the use of the class teacher to help provide a safe environment within classes/sessions.

Signed

Date