



YOGA YOU SANCTUARY
 235 Liscard Road, Wallasey, Wirral, CH44 5TH
 www.yogayousanctuary.co.uk

TEL: 0151 639 9699



**Please complete this health form for
 General Yoga Classes & Stress Busting Yoga**

Although not compulsory it would be most helpful if you would kindly complete this information form in order that more individual help and advice may be given. All information will be kept strictly confidential.

Date.....
 Name.....
 Address.....
 Telephone No.....
 Have you done yoga before?.....How long?What type?.....

Health Information

Do you have any of the following?

- 1) Spinal Problems:-please specify.....
- 2) Eye Problems:.....
- 3) Headaches/Migraines:.....
- 4) Digestive Problems:.....
- 5) High or Low Blood Pressure:.....
- 6) Insomnia:.....
- 7) Nervous Problems:.....
- 8) Osteoporosis:.....
- 9) Heart Problems:.....
- 10) Arthritis:.....
- 11) Sciatica:.....
- 12) Asthma:.....
- 13) Dizziness:.....
- 14) Knee problems:.....
- 15) Balance difficulties:.....
- 16) Any other conditions/ injuries / operations?.....

Female Students

Menstrual Problems:.....
 Are you Pregnant?:.....

General

If on medication do you have any side effects?:.....
 If you have health issues - have you checked with your GP re suitability of you doing yoga?.....

Please advise your yoga teacher of any health change.

Please remember to leave a minimum of 2 hours after eating before practicing yoga, and to wear socks not tights as some postures require bare feet. Jewelry may interfere with some postures. Please record any further comments you have on the back of this paper and even if you choose not to complete the details please sign below to confirm that you have read these points. Thankyou

SIGNATURE:.....