



Yoga- Health Form.

Personal Details:

Name:

Address:

Date of Birth:

Contact telephone number:

Emergency contact number:

Health Information:

Medical Conditions (e.g heart/ lung problems, diabetes, pregnancy):

Previous surgery (e.g hip replacement):

Medication:

Previous Injuries:

Any other issues:

Previous yoga experience:

Give details of any previous classes attended:

What do you want to achieve during your yoga class?

If any of this information changes, please inform the yoga class teacher.