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YINSPIRE
 Yin Inspired Yoga

Health questionnaire and registration form

Name:								
E-mail:								
Home Tel:					Mobile:			
Age Group	Teens	20s	30s	40s	50s	60s	70s	Over
Emergency contact name and phone number:								
Main reason for attending class:								
How did you hear about this class:								
Any previous Yoga experience?								
Do you partake of other physical exercise or sports?								
How would you describe your health at present?								
How would you describe your energy at present?								

Do any of these health conditions apply to you? – If yes, please give details. Allergies (in particular Incense) Arthritis Back Problems Breathing Problems Depression Diabetes	Eye Problems Heart Problems High/Low blood pressure Knee Problems Neck Problems Pregnancy Recent Fractures/sprains Recent Operations Stress Related Conditions
Details	
Do you have any other conditions which are likely to cause you concern when doing Yoga?	
Anything you would like me to know as your Yoga teacher?	

~ I take responsibility for my health during the yoga classes. I will inform my yoga teacher of any changes to my health, and ask for assistance if needed. ~ I give consent for the information in this form to be stored confidentially in paper or electronic format, and to be contacted by email or SMS for class administration.	
Signature:	Date: