



## Medical Questionnaire

**First Name:**

**Surname:**

**Email:**

**Date of Birth / Age:**

**Telephone No:**

**Age Group:**

Under 16    17-34    35-44

45-64    65+

**Emergency Contact:**

**Have you done Yoga before?**  Yes  No

**Which aspects of Yoga most interest you?**

Physical postures (asanas)

Relaxation

Breathwork (pranayama)

Meditation

Other (please specify below)

**Please indicate if you have any of the following conditions:**

Diabetes

Heart Condition  
(history of heart attack, angina etc)

High Blood Pressure

Low Blood Pressure/fainting

Joint Condition (knee, hip, shoulder etc,  
if so, please state which)

Arthritis (if so, where?)

Back, spine or neck conditions/injuries  
(i.e. spondylitis, scoliosis, sciatica)

Asthma or other breathing condition

Depression/anxiety

Detached retina/other eye problems

Recent fractures or sprains

Currently pregnant

Recent pregnancies

Knee problems

Abdominal surgery  
(last 3 years including C- Section)

Hernia

Epilepsy

**Please give specific details if you have any  
of the above:**





Do you take any medication or have any other medical condition or sensory loss which may affect your mobility or likely to cause you concern during your yoga class?

Yes  No

**If YES, please detail:**

**How did you first hear about this class?**

- I take full responsibility for my health during the yoga classes.
- I will inform my yoga teacher of any medical changes  
(tick box to confirm responsibility)
- I confirm that all information provided above is correct and up to date to the best of my knowledge  
(tick box to confirm information is correct)

**Signed:**

**Date:**

**Please inform us if any of this information changes.**

- If you do not want to be contacted in the future by Esprit Yoga about classes or courses, please tick this box.

Company Registration No.12446418

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[www.esprityogastudio.co.uk](http://www.esprityogastudio.co.uk)

