Pre-Yoga Class Questionnaire

Regular physical exercise is fun and healthy and being more active is very safe for most people. When starting a new physical programme such as yoga, it’s important to check that you’re fit to do so. If you are aged between 18 and 69 years of age, this questionnaire will tell you if you should check with your GP before you start your first class. If you are over 69 years of age, it is recommended that you check with your GP.

Please return to [jennycarpenter9@icloud.com](mailto:jennycarpenter9@icloud.com) before the start of your first class.

|  |  |
| --- | --- |
| Personal Details | |
| Name |  |
| Address |  |
| Mobile number |  |
| Email |  |
| Date of birth |  |

|  |  |
| --- | --- |
| Emergency Contact | |
| Name |  |
| Contact phone no. |  |

|  |  |
| --- | --- |
| Exercise History | |
| Have you done yoga before? | Yes No |
| What type of yoga, when and how often? |  |
| Do you currently do any other exercise? | Yes No |
| If yes, how often per week and what type of exercise? |  |

|  |  |  |
| --- | --- | --- |
| Medical History | | |
| Have you ever suffered from, or do you suffer from: | | If yes, please give details |
| High or low blood pressure | Yes No |  |
| Blackouts, dizziness or fainting | Yes No |  |
| Diabetes | Yes No |  |
| Epilepsy, seizures or convulsions | Yes No |  |
| Panic attacks, anxiety or stress | Yes No |  |
| Depression | Yes No |  |
| Heart conditions, stroke or angina | Yes No |  |
| Ulcer or hernia | Yes No |  |
| Recent fractures or sprains | Yes No |  |
| Recent surgery | Yes No |  |
| Recent injuries | Yes No |  |
| Back or spine problems | Yes No |  |
| Knee problems | Yes No |  |
| Shoulder problems | Yes No |  |
| Neck problems | Yes No |  |
| Arthritis or joint problems | Yes No |  |
| Chronic fatigue syndrome (ME) | Yes No |  |
| Breathing problems or asthma | Yes No |  |
| Allergies | Yes No |  |
| Any other conditions that may affect your participation | Yes No |  |

|  |  |
| --- | --- |
| Reasons for Starting Yoga | |
| Fitness, tone or strength | Yes No |
| Increase flexibility | Yes No |
| Reduce stress | Yes No |
| Meditation and relaxation | Yes No |
| Doctor’s suggestion | Yes No |
| Other (please state) |  |

In Yoga Practice:

* Always warm up gradually and work at your own pace
* Never force your body into any posture during the class
* Work within your own body’s limitations at all times
* Be patient and allow for gradual progression
* Feel free to stop and rest at any time. Yoga is about your personal practice and your own mat; you are not competing with anyone else.
* While some stiffness may occur, you should not feel pain
* If you experience any difficulties with a posture, let your teacher know and they will be able to suggest modifications
* In face to face classes, your teacher may gently assist you by placing their hands on you. If you do not wish to be touched, then please let your teacher know.

Your Yoga Space and Equipment (online classes)

* Ensure you have a non-slip surface to stand on. A yoga or exercise mat is ideal although a beach towel over carpet may suffice
* Have cushions, blocks or books and a blanket available
* Ensure all other digital devices are turned to silent and that the device to access Zoom is positioned so you can see yourself on your mat
* Make sure you have about 60cm of space around the outside of your mat

\*Mats and equipment will be provided in studio classes and all protocols related to COVID-19 will be in place. If you need a copy of this protocol, please enquire.

\*In the unlikely event that a class is cancelled (online or face to face) due to teacher illness or unavoidable circumstances, a recorded yoga class will be made available which you will have up to seven days’ access, and no limit to how many times you watch it.

**Self Responsibility Statement**

I ……………………………………………………………………. have read and understood that fitness activities involve a risk of injury and I confirm that I am voluntarily participating in these activities and using equipment with the knowledge of the potential dangers involved. I hereby agree to assume and accept all such risks of injury. I confirm that I have either had a physical examination and I have been given my doctor’s permission to participate, **or** that I have decided to participate in activities without the approval of my doctor and do hereby assume all responsibility for the consequences of my participation. I will act with due care to safeguard my own safety and that of fellow students. I will also inform my yoga teacher of any changes in my medical condition that may have occurred, including injuries, prior to each class.

Signature: ……………………………………………………………….. Date:………………………..

Note: This form is valid for a maximum of 12 months from the date it is completed. After 12 months, a new form should be requested, completed and handed to your yoga teacher.

This form becomes invalid if your condition changes in any way and it is your responsibility to complete a new form and hand to your yoga teacher, and bring the changes to their notice.

All information is kept confidential and only used by Jenn Carpenter for your Personal Yoga Practice.

