

yoga



with **Maxine Levy**

MaxineYoga Health & Medical Questionnaire All Yoga Students — CONFIDENTIAL —

Name D.O.B... ..

Mobile Number Email Address:

Address

Emergency Contact and their Mobile Number

1. Do you have any specific health issues you hope yoga can help with?

.....
.....

2. What exercise do you do and how often?

.....
.....

3. If you are under the supervision of a medical specialist, have you been told you can do exercise? Have you been told to avoid any types of movement?

.....
.....

4. Have you ever had any of the following conditions

- | | |
|---|---|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> low blood pressure | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> heart problems | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> stroke | <input type="checkbox"/> carpal tunnel syndrome / RSI |
| <input type="checkbox"/> persistent chronic illness | <input type="checkbox"/> MS |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> ME |
| <input type="checkbox"/> headaches | <input type="checkbox"/> cancer |
| <input type="checkbox"/> asthma/lung disorders/breathing problems | <input type="checkbox"/> anaemia |

Please give details including medications.....

.....
.....
.....

5. Have you had injuries or other problems in your

- spine
- neck
- shoulders
- arms
- wrists
- organs

- hips
- knees
- ankles/feet
- joint or soft tissue injuries
- other

Please give details including treatments

.....

.....

.....

6. Please list all past surgery

.....

.....

7. Have you experienced any of the following (*Please tick as necessary and give details overleaf if you feel you need to*)

- | | |
|--|---|
| <input type="checkbox"/> sacro iliac pain (the joint at the bottom of your back) | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> general back pain | <input type="checkbox"/> depression |
| <input type="checkbox"/> sciatica | <input type="checkbox"/> exhaustion |
| | <input type="checkbox"/> any other symptoms |

8. Are you taking any forms of medication / homeopathic remedies that may have some bearing on your yoga practice? If so, please give details

.....

.....

9. Please add any other comments about your health

.....

.....

- Please tick if you are happy to receive the occasional newsletter about new MaxineYoga classes and events. (Your details are NEVER shared and remain totally confidential)

I, _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Maxine Levy. I has also read and agree to the booking details/terms I have received about the classes.

Signed **Date:**