



Health screen

Please complete and return by email to: arabella@yogaform.co.uk and bring a signed hard copy to your first class. Thank you for completing this form.

All information is confidential

Personal Details			
Name:		Date of birth:	
Address:		Postcode:	
Telephone:		Mobile:	
E-mail address:			
Occupation:			
Yoga experience, if any (method and months/years of practice):			
Current sports / physical activities:			
What would you like to get out of the yoga classes?			
How did you hear about this class?			

Important information
<ul style="list-style-type: none"> • Arabella is a qualified IYENGAR® Yoga Teacher. • These beginner and general level classes are suitable for people in good health. • It is not advisable for teachers holding the Introductory Certificate to teach students with certain medical conditions and therefore you may be advised to seek a more experienced teacher. If you have any of the conditions described in Section A overleaf, you will be advised to attend specific remedial classes.

Medical/Health Information		
Please read carefully and indicate if you have / have ever had any of the following:		
Section A		
Yes	No	High Blood pressure
Yes	No	Heart disease
Yes	No	Cancer / Benign Tumours
Yes	No	Epilepsy
Yes	No	Diabetes
Yes	No	AIDS
Yes	No	Menieres Disease
Yes	No	Myalgic encephalomyelitis (ME)
Yes	No	Multiple Sclerosis (MS)
Yes	No	Detached Retina
Section B		
Yes	No	Are you currently taking any prescribed medication?
Yes	No	Are you currently having treatment or therapy including complimentary therapy?
Yes	No	Are you currently experiencing emotional problems e.g. stress, anxiety, depression?
Yes	No	Have you ever had surgery?
Yes	No	Have you ever had problems with dizziness or loss of balance?
Yes	No	Have you ever had any joint or bone problems e.g. arthritis?
Yes	No	Have you ever had any respiratory problems e.g. asthma?
Women only		
Yes	No	Are you / is there a possibility you might be pregnant?
Yes	No	Have you had a baby in the past 12 months?
If you answered 'Yes' to any of the above, please provide full details:		
If you suffer from any other medical conditions please provide details:		

I confirm that:	
I have read and understood the above and that the information I have given is correct	
I understand that IYENGAR® Yoga involves hands on correction and give my consent for this	
I agree to inform the teacher of any pain or discomfort experienced during or after a Yoga class	
I agree to inform the teacher of any changes in my health after signing this declaration	
Signature	Date