



General Health Questionnaire

Thank you for completing this questionnaire. All your answers will be kept in complete confidence.

Name:

Email:

Contact Number:

Emergency contact and Number:

Occupation:

Age group: 17-34 35-44 45-64 65+

Have you done yoga before?

Which kind(s) of yoga you are familiar with:

What is your main reason for doing yoga?

How did you first hear about the class?

Do any of the following health conditions apply to you?

If yes, please give details:

- High /Low blood pressure.....
- Heart disease/problems.....
- Epilepsy.....
- Diabetes
- Back / neck problems.....
- Knee/Ankle problems.....
- Arthritis / joint problems.....
- Asthma / breathing difficulties.....
- Recent/On-going dental work.....
- Cancer.....
- Eye condition / hearing problems.....
- Emotional/psychological problems.....
- Recent operations/fractures/broken bones.....
- Pregnancy/recently pregnancies (last 9 months).....
- Other

I take full responsibility for my health during the yoga classes, including any injuries. I will inform my yoga teacher of any medical changes.

We would like to send you occasional news about The Rocci Tree. To join our mailing list, simply tick

the box. You can unsubscribe at any time.

Signed

Date